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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

MAY 1939

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CIRCULATION: 132,000

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GOOD hot and thick applications of Antiphlogistine, which may be left *in situ* for hours, is one of the most efficient methods of applying prolonged moist heat locally. It is valuable, also, as a complementary measure to electrotherapy. It aids in the dissipation of metabolic toxins, thus helping to reduce functional disability.

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above those of regular style ACE. A copy of the ACE BANDAGE MANUAL FOR PHYSICIANS is available on request. Twenty-four pages, fully illustrated, giving details of bandage uses and bandaging technique, including the ACE Bandages in circulatory and visceral support, in cases of sprain and fracture, for athletic use, and many others.

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BECTON, DICKINSON & Co., RUTHERFORD, N. J.

speaking frankly

MAY 1939

ERGO

TO THE EDITORS: From time to time you have published letters from physicians' secretaries; so perhaps mine, too, will get a hearing—that is, if you can take it.

You constantly bedevil President Roosevelt and the progressive forces in this country. Why?

Perhaps the doctors who read your monthly compendium on how to get rich quick in twelve easy lessons will stop to think when they take note that your magazine is dispensed free of charge. All your revenue comes from manufacturers, some of whom have no great love for our President; ergo, your feelings must coincide, or else...

The truth is that there is no need for a publication such as yours. Unfortunately, there are enough physicians of sufficiently shallow reasoning to believe that saying deedle-dum instead of deedle-dee to the patient will guarantee a big practice, when the truth is that it's how you say it and not what you say that counts—and that depends on the physician's personality. Print my letter and I'll give you credit for at least one virtue—the ability to take it.

Marie McEachern
Flushing, N.Y.

BOILING

TO THE EDITORS: We hear more and more about political coercion and graft springing up in Government projects in which the medical profession has a paramount interest. No real American could defend these practices, and it makes us boil to realize we have to help pay for their perpetuation (perhaps I should say expansion). I want to congratulate the editors of MEDICAL ECONOMICS

for warning the profession about some of these threats. I hope you'll continue to bring them out into the open where their far-reaching effects will be clearly understood.

Harvey F. Enyeart, M.D.
Greensburg, Pa.

SAD

TO THE EDITORS: I take issue with "a domestic drama of the future" ["Mothers in Uniform": April MEDICAL ECONOMICS].

Of course, a great deal can happen between now and 1950. Perhaps with hospital insurance, social security, jitterbugs, and swing bands sweeping the country, the so-called Utopia may not be far off. But I prefer to hope that we doctors will remain a vital element in the life of the American people.

If, in 1950, the "new medical era" should develop along the amazing lines outlined in "Mothers in Uniform," perhaps the mothers of America will mobilize and create some kind of a general mail-order house. Then those who do not care to resort to birth control methods may go and secure a book similar to the catalogs flooding the market today. By reference to page 118, item 443, they will be able to select a model that has father's blue eyes and mother's ringlets. The infants could be shipped C.O.D. (Calling on Dad); and, outside of signing and acknowledging receipt of the tyke, there would be no bothersome transactions such as looking for and filling out Card No. 2348769.

Allow me to point out, in closing, that the Sickness, Accident, and Death card referred to in your article appropriately spells S.A.D. If such a procedure heralds "the new

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era of medical practice," it is more than sad. We have enough trouble figuring out our income tax report once a year without having harassed patients developing complexes about card index systems with every pregnancy or stomach ache.

James Fox, M.D.
Jackson, Miss.

G-MAN

TO THE EDITORS: Concerning your March issue which contains the article, "Buffalo's Medical G-Men":

It is indeed encouraging to the Federal Bureau of Investigation to note the progress being made in police departments throughout America by local crime-detection laboratories. One of the main purposes of the FBI National Police Academy has been to encourage graduates to pass on to other members of the police profession in their respective communities the knowledge obtained of law enforcement work by attending the FBI school in Washington.

I am very happy indeed to see the progress made by the Buffalo Police Department and to feel that the FBI can boast a graduate of the caliber of Captain Thomas W. Ryan.

With best wishes and kind regards...

J. Edgar Hoover, Director
Federal Bureau of Investigation
Washington, D.C.

ALASKAN

TO THE EDITORS: To those who have the idea that we practice in igloos up here in Alaska, I offer the following information to the contrary:

Fairbanks has a population of approximately 2,500, with a population in surrounding areas of about 4,000 in Winter and 10,000 in Summer. There are seven M.D.'s here, all very well qualified men.

The town boasts three x-ray units.

Hospital facilities are better than in most towns of similar size in the States.

There are no igloos here; and the only Eskimos one sees have come from farther north.

We have electric lights, telephones, radios, running water, steam heat, and sewers.

We are not forced to rely on sleds and teams of huskies; we travel by auto or plane.

The classified directory of the local telephone book lists seven taxicab companies, eight hotels, four bus lines, four beauty shops, and eight air transportation companies. There are also eight garages, eight groceries, eight liquor stores, and three good druggists.

Medical and surgical fees are the same as in the States, but living is two to three times higher.

M.D., Fairbanks, Alaska

HELL

TO THE EDITORS: In the March issue of MEDICAL ECONOMICS I noticed a news item, "Raps M.D.'s From Pulpit." This refers to the Rev. John A. Redmond's statement concerning the inherent conservatism and reluctance of the medical profession to change technique. It puts me in mind of a statement I once heard which suggests that perhaps we are doing all right, even if changes in the medical field have been brought about by the process of evolution rather than by revolution.

Here it is:

"Medical science has increased the life expectancy of man by thirty-three years. No one would dare say that the clergy has decreased the population of Hell by that percentage, nor has the legal profession reduced crime proportionately."

O. F. Benz, M.D.
Whiting, Ind.

INTOLERABLE

TO THE EDITORS: I have a question that is bothering me, and since I have found MEDICAL ECONOMICS help-

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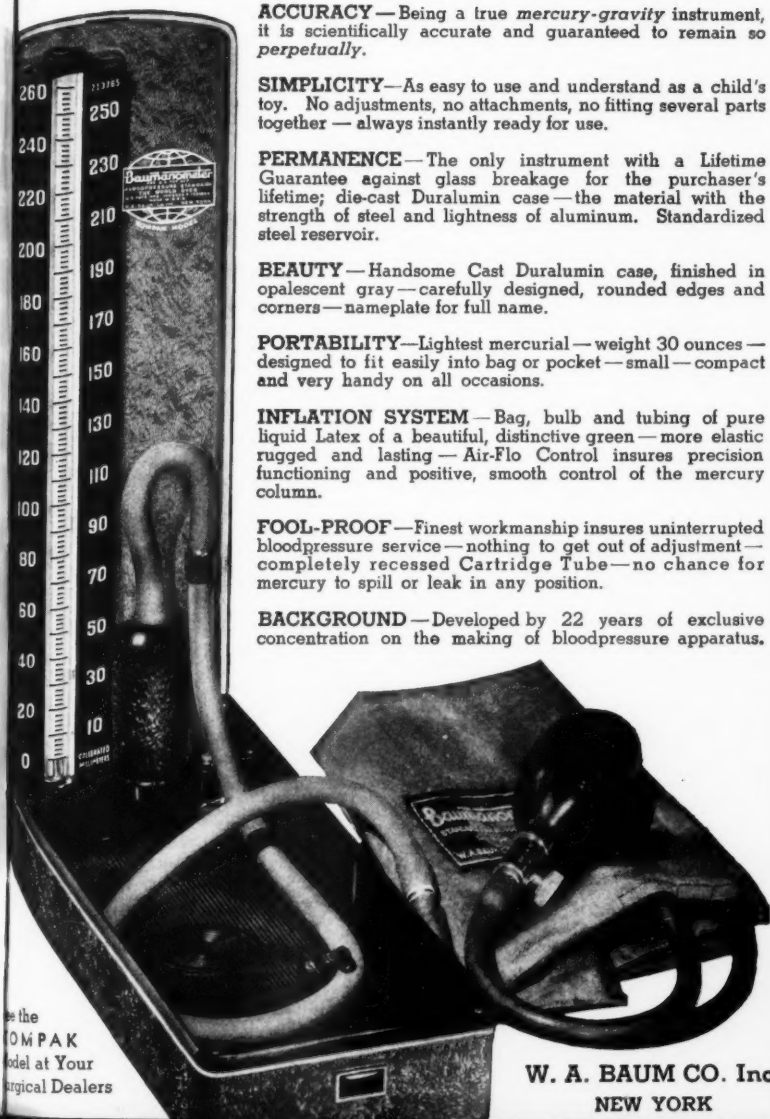
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ful when trouble threatens, here it is:

What effect will the new hospital insurance have on the family doctor—especially the rural practitioner?

I live thirty miles from a hospital. When a patient of mine is hospitalized there will be no chance of my caring for him, because I am not able to charge as small a fee, what with a thirty-mile drive, as the local doctors do. And if I did, the doctors in the city would all hop on me.

Perhaps some of the rural doctors where such insurance is in force can inform me of its effect. As I see it, it will make conditions intolerable for the rural practitioner.

W. S. Bartholomew, M.D.
Lebanon, Neb.

FRANKNESS

TO THE EDITORS: I am a dissenter when it comes to withholding the painful truth from patients about the nature of their ailments. I find they appreciate frankness. Nor does revealing the truth necessarily create an unhealthy pessimism in the mind of the patient. Take the tuberculosis case, for example. If the doctor keeps on hand x-ray pictures of several other T.B. patients who made satisfactory recoveries as a result of the physician's treatment, these may be shown to the patient when his illness is described to him, giving him to feel that by comparison his case is not so bad after all. In other cases, anatomical drawings may be used with effect in describing to the patient the nature of his illness and what is required to treat it successfully.

S. M. E. Simon, M.D.
Williamson, W. Va.

NARCOTICS

TO THE EDITORS: As a regular and most interested reader of *MEDICAL ECONOMICS*, I was greatly interested in your article not long ago on the Harrison Act and its many injustices.

I have two patients whose lives depend upon their regular and very moderate treatment with morphine. Without it, there is no useful existence left for them. To care for their children and shoulder their other obligations is impossible under this unjust law. Both cases are of the distressing allergic type, conditions improperly managed and treated for years. During this time they have become addicts—by medical ignorance of the correct allergic treatment.

Their only crime is that they do not conform to the only two *legally*-justified exemptions under the Act (old age and incurable disease, as interpreted by the Federal oligarchy).

The injustices of the experiment in national prohibition seem mild indeed when compared with these narcotic crime-breeding restrictions. This is tragedy on a large scale; it must be set right.

M.D., Indiana

TO THE EDITORS: As the result of articles published by *MEDICAL ECONOMICS*, the Anti-Narcotic League, of Seattle, Wash., has been besieged by requests from physicians for information concerning the narcotics situation in the United States.

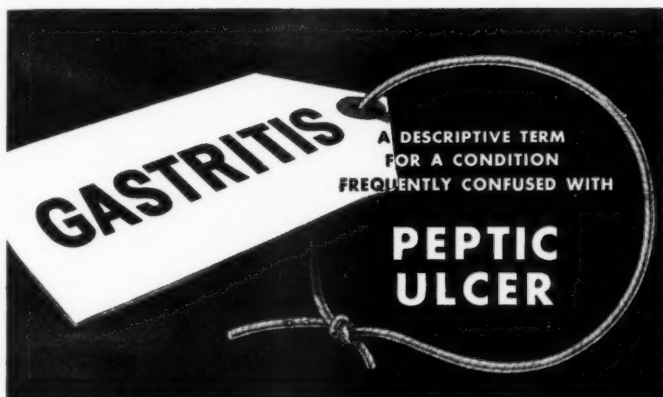
It should be pointed out that grave consequences may befall the physician who follows the "safe" advice in C. R. Rosenberg's article, "Caught in the Harrison Act."

Quoting the Linder decision, the author fails to state that it is ignored habitually by courts in favor of edicts from the Narcotics Bureau. Physicians should be warned not to depend upon this ruling. Further, Mr. Rosenberg states:

"Under this decision, narcotics may be prescribed or dispensed to relieve conditions incidental to addiction. . . A physician may also dispense narcotics. . . to effect a cure for addiction."

Any doctor who does either of

MAY 1939



"Symptoms of ulcer are not necessarily pathognomonic of ulcer but may be due to gastritis."

FABER: GASTRITIS AND ITS CONSEQUENCES.

The introduction of the gastroscope has shown that gastritis, a condition frequently confused with peptic ulcer and even gastric neuroses, is a clinical entity of much more frequent occurrence than formerly supposed.

Whatever the diagnosis, whether peptic ulcer, chronic gastritis, atrophic or hypertrophic, or ulcerative gastritis, the characteristic syndrome is similar and calls for essentially identical treatment.

CREAMALIN, a distinctive col-

loidal cream of aluminum hydroxide, meets the needs of non-alkaline, antacid therapy in these conditions in an effective way.

A Profound Antacid. Fixes 12 times its volume of N/10 HCl in less than 30 minutes.

Sustained Effect. Unlike the alkalies, its antacid action is prolonged.

No Secondary Rise in HCl. No vitiating secondary rise of HCl secretion is provoked, as is the case with the soluble alkalies.

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these things is paying an instalment on a jail cell. Over 200 M.D.'s are now confined in one Federal prison for having done just that.

Methods of the Federal Narcotics Bureau are responsible for the perpetuation of the "dope racket." This is a severe indictment of the U.S. Treasury Department. But the facts compel its recognition.

Information at hand leads us to believe that this country has over 500,000 drug addicts. Yet doctors are not allowed to treat these sufferers. Consequently, a powerful group of racketeering extortionists has grown up.

Think of the vast opportunity for graft which such a combination of smuggling and illicit trading opens up! Yet any narcotics agent will tell you that the smuggler and the peddler do not pay one dime for protection! Do you believe it?

Alex C. Pattimore
Executive Secretary
Anti-Narcotic League
Seattle, Wash.

[Mr. Pattimore's letter was submitted to the author of the article in question. It drew the following response.—THE EDITORS]

Mr. Pattimore takes a rather extreme position. I feel, when he states that the Linder decision "is ignored by courts in favor of edicts from the Narcotics Bureau." To say that a court would ignore a judicial precedent in favor of a ruling or interpretation by an administrative bureau is to disregard our whole system of judicial interpretation and administration of the law.

In support of his viewpoint, Mr. Pattimore states that over 200 doctors are now confined in one Federal prison for having done what the Linder decision permits—that is, prescribing narcotics either to relieve conditions incidental to addiction or to effect cures among addicts. Yet the typical case of this kind is

one in which a doctor is indicted for the illicit selling or prescribing of narcotics.

The 200 doctors did not go to prison unless they either pleaded guilty or were convicted by a jury in Federal court. No doctor goes to jail simply because of an edict of the Narcotics Bureau.

A careful doctor will cooperate with the Narcotics Bureau. If he tries to beat the game, he will be "paying an installment on a jail cell," as Mr. Pattimore himself puts it.

My article suggests that the doctor obtain from his district collector of internal revenue a copy of the guide for physicians published by the bureau, and read it thoroughly before prescribing narcotics. I repeat that advice now.

C. R. Rosenberg Jr., LL.B.
Media, Pennsylvania

RESCUE?

TO THE EDITORS: The Roosevelt recession has, if anything, increased the cry for socialized medicine. But if the Government really wants to come to the rescue of both doctor and patients, why doesn't it set up a savings plan?

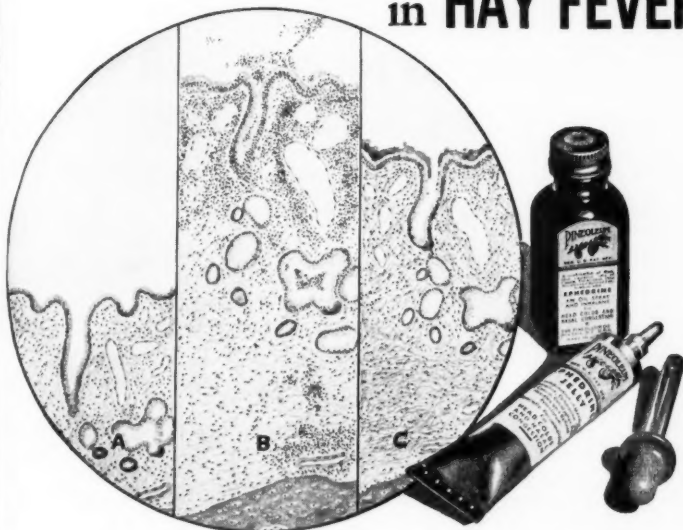
Every wage-earner could pay about 5 per cent of his earnings toward a sickness fund, until an eventual \$300 for a single person had been paid in. This sum would take care of all emergencies and routine sickness. Free choice of physicians would be maintained. For small sicknesses, wage-earners would pay as they went along. Unused funds would revert to their estates upon death.

This would eliminate a lot of book-keeping, duplication, padded bills, and other abuses of socialized medicine. It would keep the hungry politician out of the medical profession. And nobody would get "sick" just to get his money's worth out of an insurance plan.

W. A. Dorsch, M.D.
Compton, Calif.

MAY 1939

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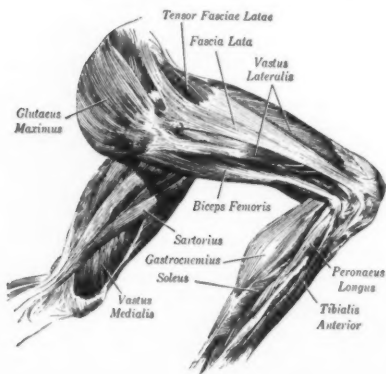
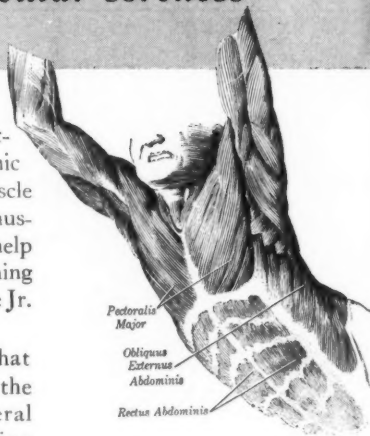
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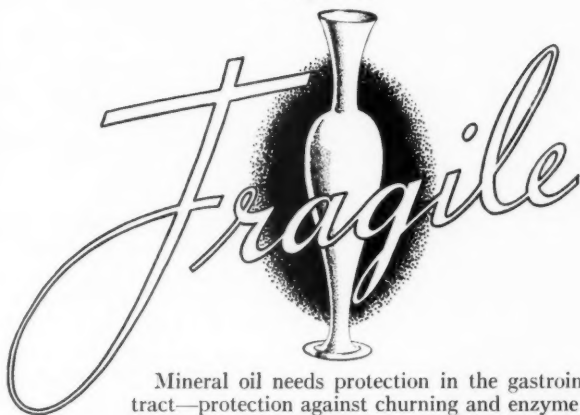
Thus, removal of toxic waste deposits is expedited—and this cause of discomfort is removed.

Send for a complimentary professional-size bottle of Absorbine Jr. When writing please use your professional letterhead.

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by providing a tough emulsifying film of chondrus crispus around the tiny mineral oil globules, favors thorough admixture of a fine emulsion with the fecal mass. Stability of the emulsion minimizes the danger of leakage, and prevents formation of large globules. Kondremul provides mineral oil in its most effective form, where and when needed.

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Dr.

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Convalescence



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admirably serves to soften and loosen viscid bronchial secretions thus facilitating their expulsion with a reduced incidence of fatigue and exhaustion. It provides an effective means of checking unproductive paroxysms of coughing, without recourse to narcotics and distorting drugs, thereby conserving the patient's resistance powers by lessening conscious distress.

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MAY 1939

"ANY WONDER I ADORE MY DOCTOR?"



1. "You may think some doctors are hard-hearted...but mine isn't. He's considerate as a mother, and easier to mind!"



2. "When he told me I had to cut out caffeine, I wept because I love coffee so. But the darling didn't fail me!"



3. "'Why not switch to Sanka Coffee?' he said. 'It's real coffee—97% caffeine-free.' I beamed at that...and then fairly chortled when I tried Sanka Coffee and found out how good it tasted!"



4. "What a break for coffee-lovers this Sanka Coffee is! With 97% of the caffeine taken out and all the flavor left in, it lets you swear off caffeine and still enjoy all the pleasures of really grand coffee!"

NOTE TO DOCTORS:

Why not discover for yourself how really delicious Sanka Coffee is? Just mail the coupon and get your free quarter-pound can of Sanka. No obligation. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden." Now available in both "drip" and "regular" grind. Be sure to make Sanka Coffee strong — a heaping tablespoon to each cup. A product of General Foods.

SANKA COFFEE

REAL COFFEE

... 97% CAFFEIN-FREE



M. F. 5-39

GENERAL FOODS, Battle Creek, Mich.

Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

Name _____ M. D.

Street _____

City _____ State _____

Offer expires Dec. 31, 1939—good only in the U. S. A.

MAY 1939



IRON IN ITS MOST EFFICIENT SUBDIVISION

The absorption of iron into the blood depends upon many factors, not the least of which are patients' cooperation and comfort. Ovoiderin, iron broken down into its most minute subdivision, is not only highly efficient in its assimilability; it is tasteless, odorless, stainless, non-constipating and non-irritating to the teeth, mouth, stomach and intestines.

Yet Ovoiderin is "simple" iron—it does not contain complex compounds intended to mask or enhance the true effects of iron. It is held in its highly subdivided state by a protective protein colloid. With Ovoiderin physicians can combine a wide range of medication to meet special requirements. Supplied in 11-ounce bottles. Dose—one tablespoonful at meals and bedtime with water or milk. Write on professional stationery for full size gratis sample.

A. C. BARNES COMPANY, INC.
NEW BRUNSWICK, N. J.



"Ovoiderin" is a registered trade-mark, the property of A. C. Barnes Co. (Inc.)

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SIDELIGHTS

MAY 1939

A year or so ago, we paid a visit to a physician-friend in Ohio. Enthusiastically, he told us of his latest plan:

He and four of his colleagues were going to erect a small medical building.

It would cost quite a bit, of course—amounting to a good slice of each man's total savings. But they were glad to make the expenditure. For the building would be properly equipped. It would enable each man to do the job he knew he could do, given the right facilities. And, best of all, the townspeople would receive

life savings in a private project. After all, he admitted, you could hardly blame them. The Government might open up a skyscraper clinic next door. They couldn't afford to risk the future of their families...

More than a dream has been smashed in this case. A man's morale has suffered. Doubt and a feeling of insecurity have seized this doctor. His attitude, once eager, is now spiritless.

Thus, although medicine has not yet been converted into an alphabet bureau, the trend in that direction is already beginning to take its toll of private initiative. Nor will the chief sufferers, in the end, be physicians. They will be the people. For when a doctor ceases to care, in what direction can the public health turn but downward?



a decidedly superior type of medical service.

Here, we thought, as we listened to the plan, is a group of men who have read the Oath of Hippocrates and are living up to it. As long as they had a fair chance of breaking even on the venture, they asked nothing whatever in return.

The other day we met our friend again. His expression had changed. His voice sounded a discouraging note.

His plans, it seems, had been held up. With compulsory health insurance on the horizon, his colleagues were no longer willing to invest their

It happened in France. The guide was showing us Fontainebleau. He paused before a beautiful marble staircase.

"At the top of this," he spied, "the King used to wait every night for his mistress."

The two other Americans in the crowd were not impressed.

"Poor girl!" one remarked to her companion.

The other nodded.

"Think of having to climb all those steps!"

Which made us reflect: If people hate climbing stairs even for a King, are they more willing to make this sacrifice for a doctor?

Undoubtedly, many will put up with it. But even the most faithful won't thank you for putting a flight of stairs in their path. Especially

when they feel about ready to drop in their tracks. To a large group, probably, the extra exertion required is a formidable obstacle. Particularly among the old, the obese, and the cardiacs.

Owners of cigar stores and five-and-tens have long since discovered the public's aversion to stair-climbing. They gladly bear the expense—often several hundred dollars—of removing a single step from their entrance. The return on this investment, they know, far exceeds its cost.

The doctor, of course, may not be able to go this far. But his office



should, if possible, be located at ground level or be accessible by elevator. Second floor walk-ups are false economy. They usually keep away more practice than they save in rental.



The President is puzzled. Somehow, in spite of all the spending, his national budget just won't balance itself. Now he's calling for help. He wants the taxpayers, according to a Washington dispatch, to "point out item by item...what could be reduced." In fact, he adds, this is the taxpayers' "duty."

How the President arrived at this conclusion is something of a mystery. For witness these skeletons recently discovered in official closets:

Accepting office on July 2, 1932, the Chief Executive said: "I propose

to you, my friends...that Government...be made solvent and that the example be set by the President of the United States."

On Sept. 29, 1932, at Sioux City, Iowa, he said: "The President...has the...moral responsibility of national leadership for generally lowered taxes."

In Pittsburgh, on Oct. 19, 1932, he said: "My cabinet must pledge...complete cooperation with me, looking to economy."

As with the President, let's forget these sterling promises for the present. Instead, let's welcome this newest of the official proclamations. No doctor should neglect his "duty." He should "point out," in telegrams or letters to the White House, exactly "what could be reduced."

Personally, we'd begin with legislation that invites compulsory health insurance. We would remind the President that appropriations beginning at \$80,000,000 a year and increasing to \$2,600,000,000 a year are not our idea of economy. Perhaps if enough doctors accept the President's invitation, the Administration will finally realize that one way to curb expenses is not to incur unnecessary new ones.



What would Federal medicine be like?

Many a physician wonders. Yet there is no need to guess.

Simply look at Federal medicine where it has gained a foothold. Look at the State of Washington's orthopedic program, for instance.

This was instituted to bring adequate care to crippled children. Who could argue with such a laudable purpose? Certainly not the Washington profession. With the state department of welfare they carefully worked out a plan and submitted it to the Federal Government.

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made changes. They bent every effort to get the program started. But there were delays on the Government's part—innumerable delays.

Finally, the physicians appealed to the governor. Only after he had appropriated \$50,000 to begin the work, did Federal aid materialize.

At first, everything went smoothly. Cases were referred to private practitioners. The latter cheerfully agreed to accept half-fees.

Then one day a Federal representative decided that the set-up needed an "orthopedic supervisor." Why not a nice young man from Washington, D.C., at \$10,000 a year? Where would they get his salary? Why, out of the crippled children's fund—of which the Federal Government was furnishing only one-third.

The doctors didn't agree. If the project needed a supervisor, they said, let him be a physician; insist that he know local conditions; and pay him a smaller, more sensible salary.

For a while, it seemed as though the doctors had won. They were allowed to name their supervisor.

But soon that man was back again. Now he was checking administrative costs. His expert opinion? That not enough was being spent on them!

"We know how much these things should cost," he said. "We have statistics."

Soon, when the doctors said nothing, Washington pulled another one out of the hat. Now, it decided, the doctors' fees were too high! Physicians would have to cut their charges.

Rather than have the work discontinued, the practitioners assented. They slashed their small fees another 10% to 20%.

The last straw is this:

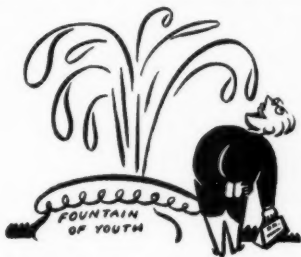
The Government proposes, finally, to abolish *all* fees. Instead, it would hire a few favored M.D.'s on salary. This, although other states consider the Washington orthopedic set-up a model. This, although the Govern-

ment itself has never questioned the quality—nor the results—of treatment.

That is Federal medicine.



The quest for the Fountain of Youth didn't stop with Ponce de Leon. County medical societies are still seeking it. To them, constant renew-



al of life must come from the new doctors who hopefully set up offices each year.

But how to win the interest, the loyalty, the good-will of these men?

To the neophyte physician, the county medical society may be only a name. He may feel that he has trouble enough of his own, with neither time nor money to spare for a group about which he hears little and knows less.

One practical plan for publicizing society activities among the community's interns is an annual case report contest. As they do it in Pennsylvania's Allegheny County, the society sponsors the contest, asks interns to submit interpretive case reports, evaluates the reports, and awards cash prizes to the winners. There is compensation for the losers, too, in the form of constructive criticism. As a result, every medical newcomer who has interned in that area is interested in and feels good will towards the Allegheny County society.

The idea works in Pittsburgh. It should work elsewhere, too.

FUN on a freighter

BY ARTHUR GEIGER



Standard Fruit & Steamship

An introduction to that easy-going ocean vagabond, the freighter, on which you can cruise this Summer for only \$6 a day

"If I could only take a few weeks off and get away from it all—"

Well, why not?

The fish in the Gulf of Mexico were never thicker; the dancing girls of Tahiti never prettier; the perfume from the floating gardens of Xochimilco never rarer; the crowd at Dirty Dick's Nassau bar never more congenial. Now's the time to think about getting a reliable *locum tenens* to attend to your practice while you hop a freighter for a change of scenery.

Suppose your wife *does* protest. If she's counting on a vacation beside a mountain stream, take her to Guatemala, where snow-capped volcanoes look down on tropical lakes. If she insists on the seashore, suggest the pink sand of Bermuda or the Escambron Club in Puerto Rico. What woman could resist?

"But a freighter!" you say. "Why a freighter?"

All you can picture is a rusty hull creeping along the horizon. Funnels belching soot. Decks with cranes and the smell of livestock. Anything but inviting!

Alas for Kipling! The old tubs of the past are gradually disappearing. Sleek merchantmen are sliding down the ways to supplant them. These new beauties make as high as 21 knots. Their accommodations are good—truly handsome in some cases. Their cabins often have private baths and sometimes sitting rooms. A number even boast swimming pools, facilities for deck sports, and cocktail lounges! No one would think of calling these boats "tramps." They've been rechristened "vagabonds."

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concessions to landlubbers. But they have brought comfortable ocean travel well within reach of the average physician.

Low rates, of course, are the freighters' biggest drawing card. But take most stories of European crossings for \$50 with a shaker of salt. It's true that you can go to Rotterdam for \$65 each way—*provided* you ship out of Montreal and can locate a ticket. But this is rock-bottom.

Travel by freighter is *reasonable*—not *cheap*. The average is about \$6 a day, and it may easily mount to \$10. But dollar for dollar, you get a whole lot more than you would on a passenger liner.

As an example, take Finland's ultra-modern twelve-passenger cargo craft. These ships boast the last word in equipage (including one servant to every three guests). Yet they will take you on a 38-day cruise to Denmark, Sweden, Finland, and return for \$220. (The round trip fare on most boats between New York and Sweden—tourist class and only sixteen days—is \$276.)

On longer voyages, your dollar goes even further. Daily rates sometimes drop as low as \$3.50. For \$520, a British "tramp" will carry you 'round the world in 130 days. She puts in at such interesting ports as Shanghai, Macassar, Surabaya, Batavia, Singapore, Port Swettenham, Belawan, Penang, and Dakar, turning the Cape of Good Hope *en route*. (This is about minimum for girdling the globe. Beware of advertised "round-the-world cruises" for \$395 or so. Not mentioned is the fact that you are expected to bunk six in a room!)

The West Indies nowadays are almost as popular in Summer as

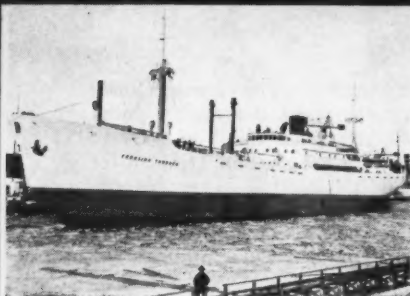
in Winter. Rates on passenger liners are often steep. But you can go by freighter from New York to Venezuela, Curaçao, and Trinidad for as little as \$180. It's a month's trip, including seven to ten days ashore—all expenses paid—at a good hotel. This particular ship carries some dynamite. Passengers must sign a statement releasing the company from liability should they be blown to kingdom come. Nevertheless, such a vacation is almost worth dying for.

Then there is the Norwegian steamer, out of New Orleans, that noses 110 miles upstream into the jungles of Dutch Guiana. It provides a fine opportunity to observe native villages at close—but not *too* close—quarters. For this (35 days at sea) you pay a mere \$210.

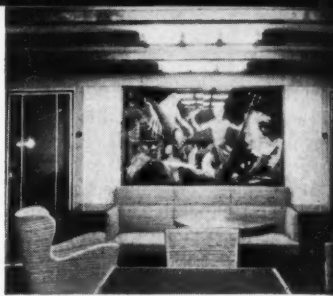
Western practitioners will find the gate to the mysterious East almost at their doorstep. San Francisco is the port from which most Asia-bound vessels set out. For \$350, you can go on a two-and-a-half-months jaunt to Japan, Hong Kong, Manila, Iloilo, Davao, Zamboango, *et al.* As the return route is decided by cargo destinations, you may even catch a glimpse of the Chinese War.

Java and Bali are also in the trade lanes. Twelve-passenger Dutch freighters with fine deck space and outdoor swimming facilities are your conveyors to these colorful bits of Asia. The ships leave New York, head direct for the southern tip of Africa, and complete their voyage at Los Angeles. About 115 days costs from \$592 to \$672, including six days of overland tours.

But maybe your idea of heaven is escape from the summer heat, in a setting of totem poles and fjords.



Thorden Line



If so, the Alaskan cruises are tailored to your order—particularly if you practice near Seattle. Regularly, from the beginning of June to the middle of August, yacht-like vessels leave this city for the North. They follow the “inside passage” down Puget Sound and the Gulf of Georgia, through the thrilling Seymour Narrows to Ketchikan, Wrangell, Petersburg, Juneau, Sitka, and back. Veteran globe-trotters term this the most scenic short voyage there is. Because of the glass-like calm of these waters, they are also greatly approved by rail-huggers. Fare for the eleven days is \$90.

Like everything else, freighters have their limitations. Unfortunately, none touch at Honolulu and only one at the South Sea Islands—favorites of many refugees from civilization. Another exception is Tahiti. British freighters bound for this fair isle leave San Francisco every four to six weeks. They charge \$120 each way, as compared to \$242 by passenger liner. As they have provision for only twelve passengers, however, bookings must be made at least eight months ahead.

Should you desire to reach a definite port on a definite date, the advice of steamship agents is: “Don’t take a freighter.” First, you may not get there on time; second, you may never get there at all! For freighters frequently change their

itineraries at the last minute or even *en route*.

As a horrible example of what this can mean, there’s the case of the newlywed nose-and-throat man and his bride. They wanted to see London. So they booked on a freighter supposed to depart from Boston. After the couple had hurried to that city, twenty-four hours before sailing time, they discovered their ship would leave Montreal instead. They managed to catch it there, sighing with relief as they stowed themselves on board. Only to have the boat move to another Canadian port—also unscheduled—where it tied up for three days under a flour elevator! The flour got into the bride’s clothes and the groom’s hair. To complete the ruin of their honeymoon, they finally landed in Italy, instead of England.

In fact, you are never *quite* sure where you *will* land when you ship on a freighter. Every itinerary is qualified by some such phrase as: “The foregoing depends on cargo handled at each port of call. It is without guarantee.” Of course, this can be as delightful as it is sometimes annoying. Freight lanes are so flexible that amiable captains have even been known to steer several miles off their course to let a candid-camera addict snap a sea turtle!

This spirit of informality extends



Brandtsen-Møller

Far from a "tramp" is the sleek Finnish freighter (opposite page) with its smart cocktail lounge. A fair sample of modern sleeping quarters are those (left) of a Danish cargo cruiser. Nor is deck service (below) unusual.



Standard Fruit & Steamship

to everything on board. There is, naturally, only one class. Passengers often dine at the captain's table. You dress for dinner—in a pull-over and slacks. While the food is not the elaborate cuisine of the luxury liners, it is usually wholesome and tasty.

Best of all, you are practically certain of a cabin outside and amidships. You are not plagued by entertainment directors, the "school-teacher trade," swing music, and similar distractions. The freedom of the ship is yours. You have plenty of leisure to catch up on medical literature, write that great American scientific paper, or just loaf. You may swap yarns with the captain, the crew, or the cook. You can go below to watch the machinery or have an officer teach you navigation. A freighter is for all the world like a floating dude ranch, except that you play sailor instead of cowboy.

Cargo boats are patronized largely by artists, writers, retired couples, and professional people. If you don't like to gamble on shipmates, however, it is sometimes possible to select your entire company. Freighters, remember, carry up to about twelve passengers.* The aver-

age is eight. If you can get together five colleagues and their wives, or a dozen members of your medical society, you may be able to command what amounts to a private yacht.

It's easy to expound the joys of freighter travel. Securing a booking is a different matter. For every cabin available, there are five candidates. This is particularly true of transatlantic crossings during the Summer months. Reservations for this period on the Belgian Line, for example, were completely filled last October.

When seeking passage, it's well to use an agency; preferably, one specializing in freighters. Individual lines are, after all, chiefly interested in cargo. They have neither incentive nor means to solve all the passenger's problems. Moreover, their home ports are scattered

*"Cargo liners," often fruit boats, sometimes include accommodations for as many as 150 people. Strictly speaking, these boats are not freighters, having most of the appointments of large ocean liners.

throughout the country in New York, San Francisco, New Orleans, Boston, Philadelphia, Baltimore, Galveston, Los Angeles, Seattle, etc. Their advice, too, is apt to be colored by their itineraries.

Agencies have more trips on tap than an individual could find in a year. (One of the best known, for instance, keeps tabs on every vacancy on forty lines—126 ships under ten flags!) As a result, they can suit the ship to the traveler, rather than *vice versa*. With a variety of trips at their disposal, too, they can afford to be objective. Finally, they perform many convenient services. They maintain files of deck plans and photos of cabins for your comparison; they help obtain visas; they keep clients posted on changes of port and sailing dates.

Nor do these agencies usually charge commissions. They collect only from the ship-owners, who are glad to get rid of these details.

Reservations should be made at least two, and preferably six, months in advance. They may be secured with a deposit of 25 per cent of the fare, followed by the balance three weeks before sailing.

Physicians rarely have an opportunity to work their passage. Most freighters normally do not have ship's doctors. Only at the height of their season do some of the larger ones occasionally offer a medical man a free passage in return for his services.

Here are a few facts about freighters that may come in handy:

The best are usually British, Canadian, Dutch, Finnish, German, Italian, Japanese, Norwegian, or Swedish. French are not recommended. With a single exception,

American lines have not been available since the unions forced them to turn over passenger quarters to the crews. However, the U.S. Maritime Commission is now building some twelve-passenger freighters that are expected to rank with the best. A few will see service this Summer.

Most lines do not like to accept children under six. For freighters lack the safeguards against falling overboard found on passenger liners. Nor do they have equipment for preserving special foods. Almost all take unaccompanied women; a few British lines being exceptions. Fido may or may not be allowed aboard. If he is, a fee of from \$5 up is charged.

Your laundry while on a freighter is often done by a steward. Lacking such aid, you may have to borrow a bucket of suds and do your own. In many ports, natives meet incoming vessels in bumboats, collect the wash, and return it laundered in a few hours.

The government taxes steamship tickets from three to five dollars. This is not included in the announced prices. Some ports also impose landing taxes—e.g., 50 cents in Cuba, \$3.25 in Bermuda.

While most freighters supply steamer chairs and rugs, others rent them at \$1 to \$3 apiece for the duration of a trip. Tips total about 5 per cent of your fare. The amount of money needed for sight-seeing depends, obviously, on your ports of call—and your inclinations.

[Upon receipt of a self-addressed envelope, MEDICAL ECONOMICS will forward to any interested physician a list of agencies specializing in freighter bookings.]

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No monuments needed

Private practitioners have a friend in Representative Jacob Thorkelson of Montana. Before the House recently, he delivered an address on the National Health Act, which merits the attention of the entire American public. In order that it may be spread before the medical profession and started on its way, this month's editorial page is set aside for publication of the following condensed version:

"The National Health Act utilizes a hammer to beat the private professions into submission to Federal control. It is only natural that a great number—I might say even all—of us favor a less costly passage from the cradle to the grave.

"The purpose of this act is not to provide more efficient medical care. It is not to give special help to anyone. It is more subtle: If the Federal Government acquires control of the medical profession, it is only reasonable to suppose that the same program will destroy private hospitals, through the building of competitive structures. The Government will then gain control of drug stores and everything else that pertains to care of the ill.

"My purpose in opposing this act is to warn the people of the danger now threatening their liberties. The spending proposed now will be a mere drop in the bucket of the final terrific cost—and for no other purpose than to build a monument to commemorate the destruction of free government."

H. Sheridan Baketel

When M-DAY comes

Test mobilizations of medical regiments are being watched closely by the War Department as a gauge of preparedness

"Germany Invades Czechoslovakia"
... "Britain Doubles Her Army" ...
"France to Fight for Her Colonies"
... "America's Frontier Placed on the Rhine" ...

For months, headlines have screamed the news of a world trembling on the brink of war. "Peace for our time" still bristles with guns and tanks.

In the comfort of his own fire-side, the private practitioner scans the foreign dispatches, tunes in his radio on Hitler speeches, wonders vaguely:

"How's it all going to affect me?"

In this way:

When the spark is dropped into the European powder keg, when the explosion comes, America may be in it, too. In fact, many experts on international affairs regard our entrance into any major conflict as virtually assured. If it comes to that, the nation's resources will be marshalled instantly. You're among those resources.

"What's new about that?" you may ask. "Physicians have served their country since the days of Hannibal and Caesar—and probably before that."

True. But the national defense plans now being rushed to completion by President Roosevelt and Congress propose vital changes in the role of the soldier-doctor.

No longer will the civilian practitioner be asked politely to volunteer his services. He will be conscripted. As the War Department sees it, this is the fairest method of filling existing gaps in the military's medical forces.

Not many army doctors, either, will be assured of a comparatively safe berth behind the lines. The mechanized slaughter of today calls for a complete streamlining of the wartime medical machine. The mule-drawn "sanitary trains" that lumbered after the A.E.F. have been doomed as slow and clumsy. In their place, small mobile motor units will be used.

For, say army officials, the wounded must receive quick, capable attention. And they'll get it. Witness this standing order:

"The medical department will function as a part of the regular army in the combat zone."

Many more doctors, it is estimated, will be out in no man's land with the troops than ever be-

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fore. Every front-line regiment will have its medical detachment. On its staff will be eight physicians, ranging in rank from first lieutenant to major. Their most important job: to furnish first aid under fire.

Regulations also call upon physicians to man hospitals in the combat zone. Here whole medical regiments—boasting fifty-seven physician-officers apiece—will see action. They will superintend the removal of the wounded from the field by litter-bearers. They will command ambulances. They will provide emergency treatment at the hospitals. (The wounded, incidentally, will be treated in these shelters from 24 to 48 hours before being moved to permanent hospitals in the "zone of communication.")

The life of a naval physician in the next war promises to be equally exciting. Modern submarines often have crews of 100; hence many of them will carry ship's doctors. Other medical officers will be assigned to ambulance and hospital ships, as well as to shore hospitals. There is expected, however, to be this normal difference between the land and sea services: Army physicians will probably have to work steadily all the time. Navy men are rushed before and after naval engagements, but they enjoy long lulls in between times.

Drama aside, front-line service is not regarded by army leaders

as the doctor's most important contribution to victory. "Preventive medicine," proclaims Surgeon General Charles R. Reynolds, "is our great field." In line with this, many physicians will spend their time combating epidemics, examining recruits, and eliminating the economic waste entailed by sickness.

Here the psychiatrists will perform an especially important function. When M-Day comes, they will immediately begin weeding out psychopaths. For, according to the navy's Assistant Surgeon



Black Star



Our army has 1,000 M.D.'s "at the ready"; 20,000 in reserve. In war, that force may be doubled.

General Dallas G. Sutton: "The psychopath has more difficulty in adjusting to the service than any other individual."

Shell-shock and war-neurosis cases will not be sent directly home as in the early days of the World War. Instead, they will be treated on the spot.

Whether the Public Health Service will expand in the event of war cannot be predicted. The service has been assigned responsibility for cleaning up civilian areas around training camps. Its present personnel is considered adequate for this. But if its duties are multiplied, private physicians may likely be called upon for aid.

Mobilization is not expected to present serious difficulties. The physician's army duties so closely match his civilian pursuits that no time is lost in training. Never-

theless, the government is taking no chances. Medical officers are being well prepared for M-Day. Mobilization assignments have been given out and rehearsed with War Department officials during regular training periods.

In Brooklyn, N.Y., Col. Louis L. Goldblatt*, commander of the 13th Medical Regiment, called out sixty physicians in the nation's first test medical mobilization. Completely uniformed and geared for action, the doctors sped from private offices to meet at the organization's headquarters. The demonstration was voluntary on the part of the regiment; but was officially sanctioned by army higher-ups.

More serious is the shortage of manpower. The regular army has a medical staff of only 1,000 surgeons. It depends heavily upon reservists, who now number some 20,000. If war comes, however, this reserve is hardly calculated to meet the demand for medical personnel.

Herein lies the opportunity of the private practitioner who wishes to "do his bit." He may enroll in the reserve.

The volunteer physician is immediately commissioned as a first lieutenant. In peacetime, he has very few duties. He reports to his superior officer once or twice a month (in Winter only) for instructions. He spends two weeks a year at training camp. In his spare time, he studies correspondence courses furnished by the Government. The latter prepare him for advancement. After four years and 100 hours of active duty as a first lieutenant, he may take the exam-

*Grateful acknowledgment is made to Colonel Goldblatt for assistance in the preparation of this article.

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ination for a captaincy. By continuing, he may rise to major, lieutenant colonel, and colonel. His only expense is about \$45 for a uniform.

While inactive, of course, the reservist is not paid. But as soon as he is called to active duty, whether in war or training camp, his salary begins. Pay* in the army is \$166 monthly for first lieutenants; \$220 for captains; \$300 for majors; and \$333 for lieutenant colonels. In addition, allowances are made for living quarters and rations. In the navy, junior lieutenants receive \$1,500 a year; lieutenants, \$2,000; lieutenant commanders, \$2,400; commanders, \$3,000; and captains, \$3,500. The navy also classifies reservists into volunteers (G. P.'s) and specialists (what the name implies).

Applications for enlistment as a medical reserve officer are obtainable from the War Department, Washington, D.C. These are filled out and forwarded to your corps area commander. To enlist, you must be an American citizen, in good physical condition, a graduate of a Class A medical school, licensed to practice in your state, and thirty-five years old or under. The age limitation, it is expected, will be waived in times of national emergency.

Of course, you may figure:

"I wasn't cut out to be a soldier. I'll wait until I'm drafted."

But while you're waiting, the volunteer gains many advantages over you. Should a war occur, his slight training becomes overnight

a tremendous asset. He is almost certain of rapid advancement.

It is from the ranks of the reserves that the large number of hospital and camp superintendents and training officers are chosen. Moreover, the enlisted man may request the type unit in which he prefers to serve, be it a hospital, regiment, or medical detachment. Strange as it may seem, too, he is less likely to encounter the actual risks of war than the conscript. His military knowledge makes him valuable; therefore, he must be protected. It is the raw recruits who are sent to the front.

Make your secretary a notary public

Death claims, narcotic-license applications, and many medical bills submitted to national and local government agencies must be notarized beforehand.

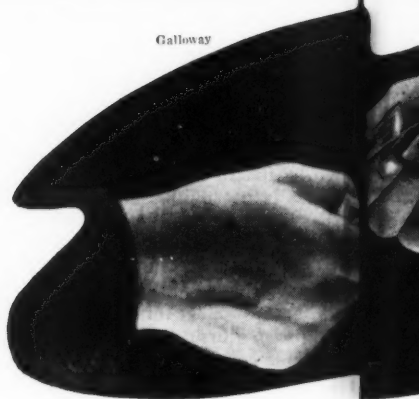
Ordinarily, you or your secretary must take time off to arrange such details. If you're very busy, you may even have to turn down a patient's request—and risk losing him.

Why not eliminate this problem by making your secretary a notary?

A local political leader will, no doubt, be glad to furnish and sign her application and see that she is sworn in. It costs you a small fee each year, but this is often saved in eliminated notary fees. Moreover, it's a personal convenience, and creates good will among patients with claims that must be notarized.

It may be advisable to let patients know—without telling them directly—that notarization would usually cost them a small fee; but it is not customary for the physician to charge them for the service.

*Figures cited are for base pay. Individual compensation varies somewhat according to length of service and marital status.



INSURANCE BLANKS: Who sho

The insurance companies' viewpoint

BY H. E. UNGERLEIDER, M.D.*

When an insurance company asks a physician for information about a patient, who should pay for supplying it?

The company? The patient? Or the physician, by contributing his time free? Obviously, the insurance company, provided it asks the doctor for the information.

But this statement needs amplification. If the company's medical director should write to a physician, or if a representative of the company should call on a physician and ask for information about a patient, it is the duty and obligation of the company to reimburse the doctor for his time.

The company is not obligated, however, to pay for information which it does not request.

Take the matter of disability

claims: A contract has been entered into, under which a company agrees to indemnify an individual in the event he becomes disabled. As in all contracts, there are conditions. Those of the policy-holder are set forth unmistakably in writing. One of the provisions which all policies contain is worded as follows: "The company shall, upon receipt of due proof, pay..."

The words I have italicized clearly obligate the patient to obtain the information upon which the claim is based. Obviously, the doctor deserves payment for furnishing this information; and it's up to the patient to foot the bill.

Asking the insurance company to pay for something which is clearly not its obligation is unjust and will avail the physician nothing. Let him, instead, display the

[Continued on page 84]

*Assistant medical director, Equitable Life Assurance Society.



Who should pay for filling them out?

The private practitioner's viewpoint

BY HENRY A. DAVIDSON, M.D.

On your desk the postman drops a long envelope bearing the corner-card of an insurance company.

Looks cheerful. Probably a check; or an order to examine an applicant.

Hastily you slice open the envelope to find—a long questionnaire. Did the deceased's grandparents ever have chronic cough? How should you know? Wearily you scan old files, copy notes, fill in the form. Twenty minutes wasted and all you may get for your trouble is an early case of writer's cramp.

These insurance forms are of several types: proof of death, proof of disability, evaluation of time lost from work, illness records, etc., etc. Many a physician fills them out ploddingly—and gratuitously—because he is anxious to serve his patients. He wonders why he isn't always compensated for his

efforts. He may even become resentful. But he seldom does anything about it.

Chief irritant is the request to supply information about old patients:

Ten years ago you treated little Herbert. Today, a young breadwinner, living perhaps in another city, he has applied for life insurance. His application form says that you once treated him. The company rushes a demand to you. What did you treat him for? Were there any complications or sequelae? Patiently, you tell all. But who will pay for your time and trouble?

Often the company will—especially if it's one of the leading, better-established concerns. But not always. There are still a number of companies which believe, apparently, that little Herbert should pay. Asking for insurance, they

say, he must prove his insurability. Hence, on him rests the expense of securing proof of previous good health.

Not so, retorts the doctor. The company is in the business of marketing insurance. When the doctor facilitates the sale of a policy, he is a sort of assistant salesman; and the policy-merchant should pay him.

Further, adds the physician, how can I collect from little Herbert whom I haven't even seen for years?

That, explains the company, is not our affair. You doctors ought to know how to collect from your patients. It's your business, not ours.

Best procedure in such situations is to write a polite note to the company asking assurance of payment. The note should emphasize that the information is furnished in accordance with its request. And the fee demanded should be manifestly reasonable. Thus, you might say:

Gentlemen:

This will acknowledge your letter of February second, requesting a medical history of Herbert Jones.

As it happens, Mr. Jones is no longer a patient of mine. It has been many years since I have seen him. Therefore, to search my old records would take some time.

If you wish me to do this, you will, I trust, agree to the payment of a reasonable fee—in this case, three dollars.

I should like to accommodate you without charge. But, as you can understand, such a practice would soon constitute an inequitable burden on my time.

Sincerely,

Let it be noted that this letter accomplishes four things: It is friendly, indicating a desire (but inability) to be helpful without charge. It emphasizes that the ap-

plicant is not your patient, and thus will not pay for the report. It sets an obviously reasonable fee. And it makes clear the fact that the work is being done at the unsolicited request of the company.

Even if the applicant for insurance is a patient of yours at the time you receive the request for information, you are still entitled to a fee in most cases. So if the company doesn't volunteer one, write and request it. Again, the situation calls for a friendly note and one that is reasonable in its demands—similar to the letter already quoted.

Any reputable insurance house is willing to listen to reason. So if your request for payment is turned down without good cause, be guided accordingly. Every profession and business harbors at least a few scalpers who are looking for something for nothing.

If you run afoul of such a concern, it is well to know about some of the devices used to make physicians "talk." One method of exerting pressure on the physician is to threaten to refuse the patient's insurance unless the doctor supplies the desired information without charge.

This is calculated to put you on the spot. Don't fall for it.

If the concern is adamant in its intention not to pay a fee, the patient himself will have to pay it. In which case, the company—not you—is then placed in the awkward position of having to tell him so. The procedure outlined here is not only sound business for the doctor; it's also good ethics. In June 1933, the Philadelphia County Medical Society in an ethical code governing payment of fees of this

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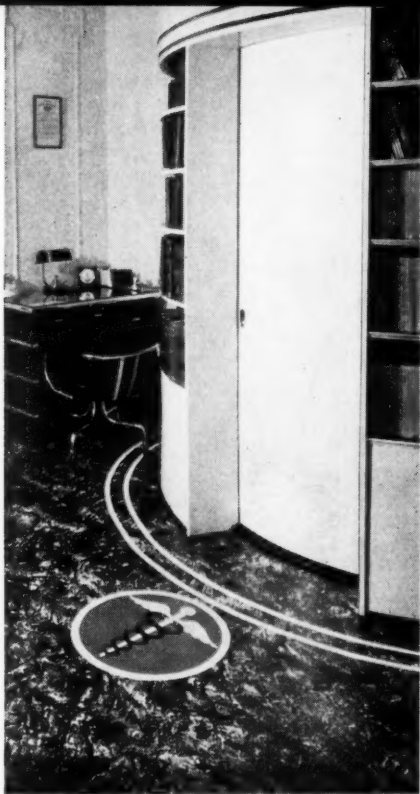
Caduceus inset spruces up floor

That linoleum floor of yours has possibilities. If you doubt it, train your eye on the accompanying illustration.

Most attractive feature? The caduceus, of course.

Your office can have one, too. Today, several companies will install an inlaid linoleum floor to your order. Or, if you already have this practical composition underfoot, they'll make up special designs that can be *set into* it.

The caduceus makes an extremely effective inset. It can be obtained in combinations to match any color scheme. Cemented to the floor, it not only adds a pleasing and dignified decorative note; but it's also a constant reminder to patients of your professional standing.



Congoleum-Nairn

sort, stated: "For all additional information which may be required by the company from physicians who have attended the applicant in the past, a fee should be paid by the insuring company." More recently, the Utah State Medical Association has called on members to levy a minimum \$2 charge on companies demanding data on old patients.

So much for life insurance blanks. Now, what about disability questionnaires?

Do patients trail into your office bearing blanks which require you to state how long the claimant will be confined to the house and to what extent he is unable to pursue his duties at work?

In refusing to pay for *this* information, companies are on solid ground. For their policies almost always state that proof of disability must be furnished and paid for by the claimant.

Except when motivated by a charitable or friendly impulse, then,

the physician should insist on payment from the disability patient. Naturally, if the indemnity is \$10 a week and if this represents the patient's total income, no doctor will try to collect a fee. But if, as often happens, the payments are more generous, or other sources of income are available, the doctor has a right to insist on compensation for rendering this indispensable service. After all, adjusting a bargain between a claimant and a company doesn't come under the Hippocratic Oath.

Best policy is to state simply that you make a charge for filling forms. If the patient balks at paying for a form, explain amiably that "I'd like to do this for you without any charge. But you can see that if I fell into the practice, I'd be overwhelmed by patients who would want the same service. You understand my position, I'm sure."

An alternative method of handling cases like this is to point out that adequate answers to the questionnaire require a recent physical check-up.

Then examine the patient, note the findings on the blank as of that date, and charge your usual examination fee.

Now for those research questionnaires which so often follow the undertaker.

Here the problem is different. You know it well:

The claim has been settled. The case is closed. Then comes a questionnaire about the medical history. The insurance company, it appears, is studying heart disease, or preparing statistics on tuberculosis contacts, or conducting some other piece of research.

Should you demand payment for supplying data of this sort? No, says the company, for this is a courtesy between physicians, a contribution to public health. It is no more proper to ask a fee for telling the medical director about the patient's history than it is to insist on payment for reporting typhoid fever contacts to your board of health.

To this argument there is considerable logic. For although the clinical material supplied by physicians benefits the insurance company, it also results in statistics which benefit medical science and the public health. Most practitioners are only too willing to make a free contribution of this kind which affords broad mutual advantages.

A final word now about investigators for insurance carriers who sit at your desk, unscrew their fountain pens, and wait for you to furnish them with data about disabled patients:

Keep your file box closed until you have asked three questions—

1. Will you please identify yourself as an authorized representative of the company?

2. Can you show me the patient's authorization for releasing this information?

3. Will you assure me of payment for my time?

Common caution asks the first question. Good faith in your patient prompts the second. And good business practice requires the third.

Failure to collect fees for filling forms has diverted large sums from the medical profession. To capture your just share, you must prove that you value your time and effort.

If you don't, no one else will.



When strangers ask for charity

Several good reducing pills with which to lessen the weight of your charity load

"Temper the wind to the shorn lamb." That's my motto when new patients apply for care but "do not have the fee at the moment." First, however, I ascertain the applicant's good faith. This requires tact, plus some understanding of psychology. It also calls for a definite plan of procedure.

I find it good policy always to ask the name of the patient's last medical attendant. This one question has stopped many a dead-beat cold.

If the name of another physician is given with apparent sin-

cerity, it is still good business to make inquiry of the doctor referred to. Unscrupulous chisellers surmise, often correctly, that asking a reference is just a matter of form and will not be checked up. Yet, phoning a colleague or dropping him a note takes but a moment and is time well spent.

Here's another tactic I find helpful:

When the applicant states he is without funds, is not regularly employed, and has no immediate source of income, I suggest that

[Continued on page 38]



Hospital

BY PATRICK O'SHEEL

Ruthlessly, time marches on. Every so often—as a reminder, perhaps—contemporary literature inters another of our Vanishing Americans. Latest of these is the horse-and-buggy doctor, whose tomb—thanks to Arthur Hertzler—has been sealed with a resounding bang.

Other tribes disappear more quietly. Among them are the old-school hospital superintendents. Soon, no collection of hospital museum pieces will be complete without at least one of these fast-fading prototypes.

Not that the process of fossilization is by any means complete. But the demand for new blood is reflected by current estimates that 1,000 qualified hospital administrators will be sought in the next few years. And first call is going out to physicians specially trained in hospital management.

Forty years ago, the typical hospital was little more than a boarding house for sick people. Its administration was entrusted to a nurse, a preacher—anyone able to

In the next few years, 1,000 hospitals will call trained men to posts like that of Administrator Clinton Smith (above) of Chicago's Grant Hospital. Photos show actual events in this executive's day.

pay the bills, carry the keys, and keep the peace.

Specialized training, unheard of then, is still found only occasionally among the average administrator's attributes. Men now holding down important supervisory posts are, for the most part, individuals who got in on the ground floor of the expanding hospital field. As they drop out of service, more and more opportunities for the medical administrator—schooled in the complexities of modern hospital work—are going to result.

As a candidate for institutional administrative work, the physician

hospital administration: a career

has an increasing advantage. The character of hospital service has been altered radically. As proof, we have only to note the great advances in medical science, the development of laboratory diagnostic work, the advent of radiology, the emphasis on pathology, the growth of nursing education and intern training—all changes that fall naturally within the doctor's educational orbit.

It would be incorrect to think of hospital administrative work as just another job for the physician. Actually, it has achieved the status of a *career*. The demand today is for men willing to prepare for the responsibilities of organization and management in a field governed more and more by mass-production principles.

Not every practitioner will care for that type of responsibility. But to those who do prepare for it, the opportunities for service—and financial reward—are promising.

The promise, in fact, is multiplying. The A.M.A. listed 6,166 hospitals and sanatoriums in its 1938 survey. Of them, approximately 30 per cent (1,850) have a bed-capacity of more than 100. In addition, some 388 hospitals were reported under construction or about to open. This year and in the future, the number of hospitals is certain to increase steadily.

Ample compensation awaits the successful newcomer to hospital administrative work. For the first year or two, usually served in the capacity of assistant superintendent, the minimum salary, generally, is \$2,000-\$2,500. For a full-time, qualified administrator, average income falls in the \$5,000-\$6,000 range. Many positions in larger institutions pay \$10,000 or \$15,000 a year. Some include partial or full maintenance.

In exchange for this comfortable stipend, the administrator performs a many-sided function. Generally, he serves as executive officer of the hospital governing board. As such, his chief administrative responsibilities include:

- Organization and direction of departmental work.
- Full charge of personnel.
- Coordination of personnel and medical staff activities.
- Regulation and facilitation of the work of medical-staff members.
- Supervision of budgetary and maintenance measures.
- Provision of all necessary auxiliary facilities (records, apparatus, nursing care, etc.).
- Extra-mural contact and public relations work.

Must the embryo-administrator go through a rigidly-defined training course? [Turn the page]

Yes and no. Practical, apprenticeship service is still the prevailing mode of *entrée*. Though this type of training varies, it conforms to a much higher standard today than it did ten years ago.

Most significant, however, is the increased emphasis on graduate-school training as a valuable asset in the prospective administrator's background. University credentials, certifying to a candidate's preparation along business and administrative lines, are looked on with growing favor by hospital governing boards.

At present, only the University of Chicago offers a formal course of training in hospital administra-

Chicago course has failed to secure employment in his chosen field. Since the size of classes is restricted, the number of graduates falls far short of the demand for trained hospital administrators. A number of the students are, in fact, assured positions before they attend a class.

At Chicago, the trainee follows no set routine of study. He confers with Dr. A. C. Bachmeyer, director of the course, and elects those subjects most needed to round out his preliminary preparation. For the physician, these are primarily courses in administration; business law, policy, and organization; accounting; and social-science studies such as community organization and public welfare administration.

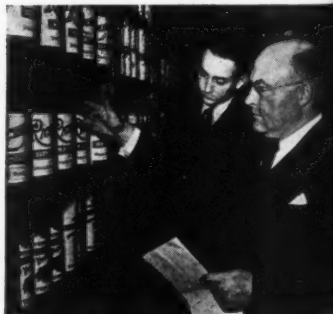
Class-work, however, is only part of the story. It is paralleled by periodic observation of the work of several Chicago hospitals. Finally, the student is fitted for a six- to twelve-months "administrative internship" under a recognized hospital administrator. Successful completion of this training usually makes him eligible for a degree.



The administrator must keep laboratories humming, interns happy.

tion. Instituted in 1934 as a three-year experiment—open to both doctors and laymen—it is now being continued indefinitely. Its success has led several other universities to consider adding similar programs to their curricula. This development is actively encouraged by the American College of Hospital Administrators, which cooperates in the Chicago enterprise.

No physician completing the



Check and double-check: The executive eye scans the store-room.

In any case, he is ready for an assistant administrator's job.

Of course, practical considerations rule out the Chicago course as a possibility for most physicians. If you feel your qualifications are exceptional, you might try for one of the scholarships available there. Otherwise, the best plan is to arrange a similar program with the university nearest you. This you can do by conferring with the dean of the business school. He will be glad to assist you in planning a coordinated course of class and practical study.

Should a university course be altogether out of the question, the door of opportunity is still not closed. Since the demand for hospital administrators still far exceeds the supply of candidates specially trained in graduate schools, the apprenticeship system will continue to fill the breach as vacancies occur. A position—even a more or less subordinate one—under a competent supervisor offers the inducement of an earning while learning. Not a few hospitals are glad to take on an assistant superintendent

—particularly if he is a physician—who demonstrates interest in the field and shows promise of developing into a competent executive. To the raw apprentice, starting salary should be a secondary consideration.

As a source of "inside dope," no university course can touch the frequent meetings of hospital workers, held periodically in all sections of the country. They offer the embryo "boss" an opportunity to make valuable contacts, keep abreast of advances in hospital practice, and pick up valuable instruction in management problems.

It should be remembered that hospital administration is not a



Calling all department heads: The focal point of administrative work.

specialty for which every physician is suited. It calls for the peculiar aptitudes which identify the better type of successful career man. Even the doctor possessed of those characteristics may not at once find his niche. But the opportunity is there, and the medically-trained man is tomorrow's hospital administrator—if he grasps his opportunity.

Photographs for Medical Economics by Doris Wallace.



An efficient record library smooths the managerial function.

The QUESTION MARKER

HENRY A. DAVIDSON, M.D.



He's here again. That cortex-tickling master of the quiz. If you showed him up with your answers to his April questions, try these. Eight right answers get you by. If you score ten, you qualify for the brain trust. Answers are on page 64.

1. Meeting in Valhalla, these six famous shades decided to form an association. It might have been a medical society except that one of the men was not a physician:
A. Sir Arthur Conan Doyle
B. Maj. Gen. Leonard Wood
C. Oliver Wendell Holmes, Sr.
D. Louis Pasteur
E. Paul Ehrlich
F. Arthur Schnitzler
2. The word "obstetrics" comes from the Latin meaning:
A. To stand off
B. To stand before
C. To lie in
D. To pull out
E. To bear up
F. To bear down
3. If your boy wants to become a doctor, he can find a medical school in the State of:
A. Washington
B. Delaware
C. Florida
D. Mississippi
E. New Jersey
F. Idaho
4. The National Medical Association is an organization of:
A. Physicians in the U.S. service
B. Medical directory publishers
C. Doctors in Washington, D.C.
D. State-medicine advocates
E. Negro practitioners
F. Ex-Army doctors

5. Will the lie-detector really be used on income-tax payers? Whether it is or not, remember that the lie-detector is only:
 - A. A tricky intelligence test
 - B. An experienced housewife
 - C. An electro-encephalograph
 - D. A skin thermometer
 - E. A super-dictaphone
 - F. A psychogalvanometer

6. You can't sue a patient successfully if:
 - A. The services were rendered on a Sunday
 - B. The statute of limitations has expired
 - C. The patient says, "Fen Wackey"
 - D. You failed to give him a complete physical examination
 - E. You haven't renewed your Narcotic Registration
 - F. The patient is your cousin

7. "There," said the consultant proudly, "is evidence that I'm a *bona fide* specialist—my diploma from the American Board of:
 - A. Radiology
 - B. Teratology
 - C. Electrocardiography
 - D. Plastic Surgery
 - E. Endocrinology
 - F. Medical Economics

8. According to reports from leading medical placement agencies (featured recently in MEDICAL ECONOMICS), the medical employment field now offers excellent opportunity for:
 - A. Residents in urology
 - B. Hospital dermatologists
 - C. Hospital administrators
 - D. Those seeking positions abroad
 - E. Physicians in orphans' homes
 - F. Insurance examiners

9. A geriatrician expects a high death rate among his patients because they:
 - A. Handle dangerous weapons
 - B. Need recurrent brain surgery
 - C. Are thrown among criminals
 - D. Are young and delicate
 - E. Are old and infirm
 - F. Take narcotics

10. The proposed national health program, when in full operation, would require an annual expenditure equal, roughly, to:
 - A. Ten times the amount spent each year on the CCC
 - B. Four per cent of our total national income
 - C. Over half the nation's current annual deficit
 - D. The total spent yearly for all public relief in the U.S.



THEY HAVE GIVEN OUR BOY A BLOOD TRANSFUSION

The Doctor says it may save his life

This statement is heard so often today that we do not stop to think of all the work necessary over a period of years to make this safe procedure possible.

The idea of injecting blood from a healthy individual into the blood stream of the patient has been tried for three hundred years. In the old days usually both the donor and the patient died; the donor from infection due to improper technique and the patient from infection or incompatibility of the blood of the donor and recipient.

Medical Doctors, after years of patient work, have been able to

classify human blood in four groups; and by this work are able to give to the patient a transfusion which works perfectly without danger. The method of giving the transfusion has been so perfected that today there are thousands given daily over this country without the slightest danger.

To make blood transfusion a safe and sane therapeutic measure was a big and important work. It has been done. The public is surely thankful that the Medical Doctors did not give up before this frequently life saving measure was perfected.

Lives come first with your Medical Doctor

The following Medical Doctors are members of
THE SALINE COUNTY MEDICAL SOCIETY

D. A. ANDERSON, M.D.	J. E. HANLEY, M.D.	J. A. SIMPSON, M.D.
C. D. ARTHUR, M.D.	C. M. JENNEY, M.D.	MAURICE STETSON, M.D.
M. AUSTIN, M.D.	FRANK LUTZ, M.D.	GEORGE C. STAFFORD, M.D.
R. B. BELL, M.D.	H. M. MURPHY, M.D.	E. M. SUTTON, M.D.
M. J. BROWN, M.D.	W. E. MURPHY, M.D.	SAUL VERBEEK, M.D.
WALTER BRIDGES, M.D.	H. E. NEPTUNE, M.D.	C. D. WALKER, M.D.
E. A. BRIDGEMAN, M.D.	W. E. NEPTUNE, M.D.	J. H. WESTERHART, M.D.
WED CHERRY, M.D.	E. D. PEARSON, M.D.	E. C. WILSON, M.D.
W. E. DILLINGHAM, M.D.	LEO J. SCHAFER, M.D.	E. J. HANDEL, M.D.
C. D. DILLINGHAM, M.D.	GEORGE S. SMITH, M.D.	FRED C. HARTY, M.D.
M. D. DILLINGHAM, M.D.	R. H. SHELTON, M.D.	M. H. HENNING, M.D.
D. D. DILLINGHAM, M.D.		D. D. VERBEEK, M.D.

Public relations with a wallop

This Kansas society delivers twenty-six solid punches per year in its local newspaper

BY J. GRANT RODGERS

If Salina, Kansas is recognized some day as the best medically-informed town in the United States, it can thank its doctors.

Already, most of its residents know far more than the average patient about maintaining their health. Its women are learning to retain their girlish figures with safety. Its mothers are studying how to protect their children against whooping cough, diphtheria, and smallpox. Its men are

becoming acquainted with the efforts of organized medicine on behalf of themselves and their families.

It was not always thus. Two and a half years ago, Salina was like many another community. Its citizens saw no reasons why they should hold their family physicians in particular esteem. The local press was not unduly enthusiastic about enlightening them. Nor was the situation helped by the

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claims broadcast by local cultists.

This was the condition when the Saline County Medical Society acted to open the public eye.

First step was appointment of two members to a specially-created public education committee, with instructions to write a series of informative articles.

Second was the decision to publish one of these articles every two weeks in *The Salina Journal*, a local daily with a State-wide circulation.

No editorial favors were asked. Instead, it was agreed to purchase advertising space. To finance this, the thirty-eight society members taxed themselves \$12 each a year.

In February 1937, the series made its bow. Headlined "A Statement from the Medical Doctors," the introductory piece explained:

"The Saline County Medical Society, whose membership is limited to ethical doctors in Saline and adjoining counties, will publish in *The Salina Journal* a series of educational statements that have been prepared for the purpose of explaining to the general public the importance of competent medical attention, the medical doctor's essential place in the normal scheme of life, and the contributions medical science has made to advancing civilization."

The stories that followed fulfilled this promise. Each summarized a pertinent topic. They dramatized contributions to medical progress, offered preventive medical advice, urged periodic physical examinations, explained the work of local hospitals, and described the role of organized medicine.

Every one of these ads was 6" x 10", double-column. The body

type was large and easily readable. Headlines were striking typographically and in phraseology: "Go to Your Doctor in Advance of Trouble"; "Appendicitis—Our Most Treacherous Disease"; "Today Medical Science Can Keep You Well"; "Heart Disease—the Number One Cause of Death"; "Shall My Boy Be a Medical Doctor?" At the top of each ad appeared the combined A.M.A.-Saline County Medical Society emblem; at the bottom, a dignified alphabetical list of all society members.

In planning the copy, the committee used only original material. They did all the writing themselves. They made a point of *always* referring to physicians as "medical doctors." Repeated frequently throughout the text, these words soon impressed themselves on readers.

To provide timeliness, diseases were discussed during the seasons of their greatest prevalence. The committee arranged, too, for the ads to be assigned a conspicuous place in the paper.

So popular did the series prove that it has been made a regular society activity. It is now in its third year. Nor has the committee any intention of halting. Its experience has taught that, to have a lasting effect, public medical education *must be continuous*.

Nothing but favorable comment has been produced by the campaign. As it complies with the A.M.A. Code of Ethics in every respect, there have been no worries on that score. Besides arousing the interest of lay readers, the articles have also evoked admiration from dentists and pharmacists. [Turn the page]

The handling of the cultist problem has been praised as particularly adequate. No counter-attacks have been launched at these groups. Instead, the approach has been *positive*, stressing the high standards, honorable history, and outstanding achievements of *medical* doctors. It is regarded as significant that these arguments have gone unchallenged in every case.

Copy used in three typical Saline County advertisements follows (minus society seal and roster of doctors):

MANY WOMEN ARE ASKING,
"AM I TOO HEAVY, DOCTOR?"

It is true that there are many more overweight women than overweight men. Being too heavy is an abnormal condition; it can and should be corrected.

An individual who is too heavy certainly does not look as attractive as one who is normal. Neither can he engage in as much work or play.

Yet more important than either of these considerations is the effect on the heart. The more fat one has, the more resistance there is to the blood flow. With this increased resistance, the harder the heart must work in order to pump the blood. An overworked and incompetent heart is the result.

Only two essential types of overweight are known. First, the kind due to excessive food intake. Second, that due to under-activity of one or more important glands, the glands involved being the thyroid, pituitary, and gonads.

Medical doctors have isolated the active parts of these glands and can treat these deficiencies and get results. Your weight should surely be watched and taken care of by your doctor.

Most people know the importance of

eliminating foci of infection. Very few people think of their weight before serious damage has been done. Keeping your weight at normal will prolong your life.

CAN MY CHILD BE PROTECTED
AGAINST WHOOPING COUGH,
DIPHTHERIA, AND SMALLPOX?

The answer to all of these is "Yes, your child or any other child can and should be protected against these diseases."

Whooping cough takes thousands of little lives each year. It is especially dangerous for the child during the first three years of life. To Louis W. Sauer, M.D., goes the credit for the successful fight to banish this disease.

Vaccination is absolutely safe, and the cost of prevention is not large. Every infant should be protected by vaccination before the end of the first year.

Most mothers know that they can protect their children against diphtheria. This is best done at the end of the first year. Every child who receives this protection should later be tested to make certain that the protection is absolute.

The Medical doctors of Kansas want to eliminate this disease from our State. It can be done. Today, the presence of diphtheria means neglect on the part of the parents or the doctor.

Vaccination against smallpox should not be neglected. It gives perfect protection and cannot harm the child.

IS YOUR DOCTOR AN M.D.?

At first sight this may seem an odd question.

However, today, when so many are called doctor it is a smart thing to know.

When the public comes to realize that it is the work of the M.D. which has lengthened the span of life, controlled contagious diseases, and accomplished

DOUBLE ACTION — SINGLE DOSAGE

- (1) Acidifies the Urine
 - (2) Liberates formaldehyde
- RIEDEL & CO., INC.

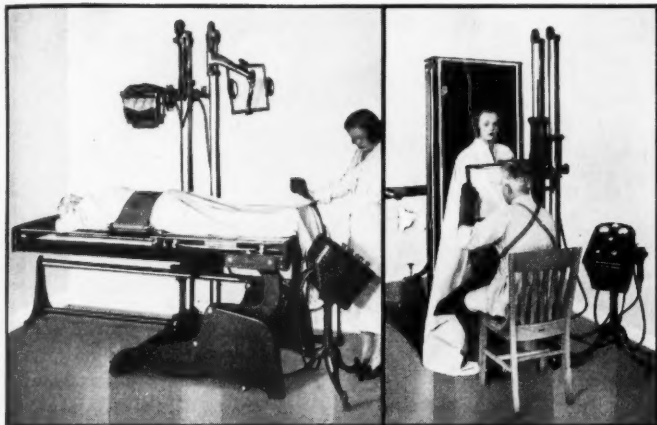
HEXALET

Sulphosalicylic Acid (60.9%)
Methenamine (39.1%)
BROOKLYN, N. Y.

in UROGENITAL INFECTIONS

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MAY 1939



THE GENERAL ELECTRIC MODEL D3-38 IN ITS RANGE, AN UNSURPASSED VALUE

An Efficient, Compact, Flexible, Combination Diagnostic X-Ray Unit

TO you who are interested in high quality diagnostic results, and whose need is for a compact, flexible, moderately priced x-ray unit, we make this suggestion: *Before you invest in any x-ray unit, investigate fully G-E's new model D3-38, a modern combination radiographic and fluoroscopic x-ray unit.*

You can depend on the D3-38, with its wide range of service, its new, refined, simplified control, its flexible, easy-to-operate tilt-table with built-in Bucky, to produce routinely and accurately duplicate end results of uniformly high diagnostic quality. Completely self-contained and unusually compact, it requires but little floor space.

Moderately priced? Yes—and dollar for dollar it offers you more x-ray value than any comparable equipment. Designed and built to meet your need; incorporating the many valuable suggestions you have made, the outstanding worth of the D3-38 will be readily

recognized by medical men with a keen sense of value. From your investigation of this modern unit, you will learn much of interest and value. Do this—it will cost you nothing, incur you no obligation—clip, sign, and mail the coupon, today.

WITHOUT OBLIGATION

**GENERAL ELECTRIC
X-RAY CORPORATION**

3015 JACKSON BLVD.

CHICAGO, ILLINOIS

Please send me complete details and information about G-E's new Model D3-38 Combination X-Ray Unit.

A25

Name

Address

City

the seeming miracles of surgery, this question will be unnecessary.

Your doctor is justly proud of his M.D. if he has one. Whether he is a general practitioner or a specialist in surgery, obstetrics, diagnosis, otolaryngology, or pediatrics, this degree was necessary to him before he could thus specialize. He has every right to be glad to have you, his patient, know he is an M.D.

Back of these men stands the greatest of all monuments; no other group of men can boast a comparable one. Millions of lives have been saved through their research and its application.

Medical doctors have made the way easier and safer for your child. Information in regard to your doctor's degree may be important to you.

Philadelphia's 'motor-buggy' doctors

*For 30 years, their club
has helped automobiling*

One day about thirty years ago, the late Dr. Leon Gans, answering an emergency call, hurried down Philadelphia's Broad Street in his horseless carriage. As he whizzed by at fifteen miles an hour, a policeman ordered him to "Pull over to the curb!"

"A speed demon, eh?" the officer snapped. "You'd better come along to the station house."

But in those days, traffic cops were reasonable. When the police discovered that their prisoner was a physician, they decided that the

speed laws did not apply. They let Dr. Gans go, with the advice that "you doctors ought to carry some sort of signs on your cars so that we can recognize you."

So ended Dr. Gans' tussle with the law.

And so began the Physicians Motor Club of Philadelphia, today a flourishing organization. For Dr. Gans took the officer's advice.

To work out a plan whereby physician-drivers might be recognized, he sounded a call for colleagues who owned automobiles. Sixteen answered. On November 22, 1909, they met in the office of the late Dr. Lewis B. Adler Jr. They voted to organize, adopted rules, set their yearly dues at \$3, and stated their purposes as follows:

"To promote the comfort and convenience of...members in the use of the motor vehicle in professional work and to advance motor-interests generally."

The years have seen this aim blossom into many specific activities. So many that the club now maintains a full-time office. The cop's suggestion of "a sign" has been realized in the club's insignia: a small circle, with a red cross on a blue ground and the club's name in white. It is worn on both front and back of members' cars. And, according to President Dr. John L. Redman, it explains why their cars are "not disturbed when parked during pro-



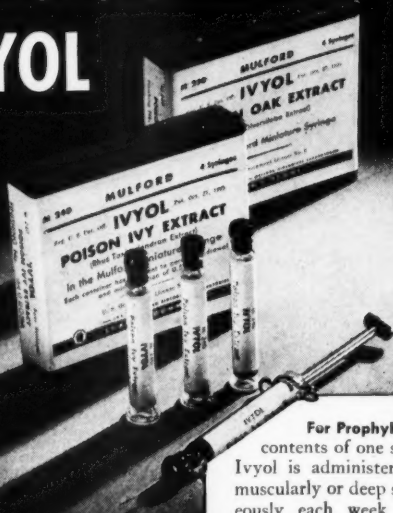
For the drug effects of iodine, always prescribe

BURNHAM SOLUBLE IODINE

An oral free iodine for efficiency and dependability in every iodine indication. Dose 5-40 drops t.i.d. (av. 15-20) in bronchial asthma, hay fever, atherosclerosis, hypertension, arthritic disorders.

Write for Sample • BURNHAM SOLUBLE IODINE CO., AUBURNDALE, BOSTON, MASS.

Protect against poison ivy dermatitis by the prophylactic use of **IVYOL**



For Prophylaxis: The contents of one syringe of Ivyol is administered intramuscularly or deep subcutaneously each week for four weeks.

For Treatment: In cases of average susceptibility, the contents of one syringe of Ivyol is administered every 24 hours, to be repeated until the symptoms are relieved. Four doses are usually necessary.



With warm weather, physicians are again confronted with the necessity for prophylactic and therapeutic measures in combating the dermatitis caused by poison ivy or poison oak. Many physicians rely upon Ivyol.

Ivyol is supplied in two forms—Ivyol (Poison Ivy Extract) and Ivyol (Poi-

son Oak Extract). They are solutions of the active principles derived from poison ivy and poison oak respectively, in sterile olive-oil with 2% camphor as a preservative. Because of its olive-oil base, the administration of Ivyol by deep subcutaneous or intramuscular injection is comparatively free from pain.

Ivyol is available in packages of one and four miniature syringes. Each syringe represents a single dose.



"For the Conservation of Life"

MULFORD BIOLOGICAL LABORATORIES

SHARP & DOHME

PHILADELPHIA

MAY 3 1939

Now! An Important



LIGHTWEIGHT. Weighs only 1/2 to 1/10 as much as plaster, depending on type of cast. Example: Body jacket of plaster weighing 15 pounds was replaced by an equally strong Castex Cast weighing only 2 lbs. Castex permits much freer movement, yet assures required immobility.

WATERPROOF. Castex Casts are waterproof—are not weakened by exposure to water, body secretions, wound drainage or fomentation. Therefore, Castex Casts are not only much more sanitary but make possible the administration of hydrotherapy while the patient has the full benefit of cast support.



BONDS WITH IRON.

Where the use of walking irons is required, Castex can be counted on for a firm bond. Braces and walking irons do not loosen in a Castex Cast. There is no rusting of metal—no brittle crystalline bond to be shattered by sharp blows.



CASTEX

MAY 1939

New Development in Casting!

See it at the A.M.A. Convention —

★ ★ ★ EXHIBIT No. 122 ★ ★ ★

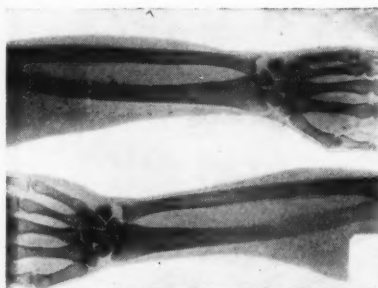
CASTEX RIGID BANDAGE is a new cast material, utilizing a synthetic resin. Its many outstanding advantages constitute an important contribution to orthopedic and fracture surgery.

Castex, for use by hospitals and the medical profession only, is a bias-cut gauze impregnated with Boric Acid, Cellulose acetate, Vinyl acetate, and contains acetone as a volatile solvent. When exposed to air, it hardens by volatilization of the acetone solvent. The result is a hard, lightweight, resilient cast, which is waterproof—permeable to X-ray and amazingly strong. Laboratory tests show that Castex has 50%

greater resistance to blows, twists and crushing pressures than ordinary plaster casts.

By its reduction of weight and bulk Castex not only greatly increases patient activity and comfort, but often permits quicker transfer from hospital to home care.

Castex compares favorably with other materials in cost per patient, in cleanliness and ease of application. Its use is increasing rapidly all over the country. These facts about Castex have been reported in clinical journals. Further information on Castex Rigid Bandage will gladly be sent on request. Just write to Bauer & Black, Dept. M23, Chicago, Ill.



PERMEABLE TO X-RAY. Castex offers no appreciable resistance to X-ray. Without special technic, the surgeon can obtain perfectly clear details of fracture reductions, and also clearly photograph callus formation and other changes in the osseous structure without removing the cast . . . Illustration shows two X-ray pictures taken with identical exposures; one through flesh alone, the other through a Castex Cast.



RIGID BANDAGE

Distributed by
BAUER & BLACK, Div. of The Kendall Co.

fessional calls. It often assists us in getting through traffic jams, parades, etc."

Today the annual dues are \$5. But they are repaid many times, it is said, through the many benefits which accrue to members.

Perhaps the most important of the organization's services is its attorney. Paid a yearly retainer, he represents either the club or its members in cases involving driving violations or accidents. Often, he not only saves a member a trip to court but a heavy fine as well.

Beyond individual benefits, the club works to better motoring generally. It has campaigned for good roads and against "speed traps," detours, and "over-zealous" constables. In this respect, its influence is such that it is often consulted as to the advisability of legislation affecting motor vehicles.

The club holds three social affairs a year. These are an annual meeting in November, a smoker and entertainment in the Spring, and a "run" to a picnic grove in the summer.

Only *practicing* physicians are admitted. If dues are paid before April, a premium is offered. New members are charged an initiation fee of \$5, which goes into a "per-

manent fund." Interest on this can be spent at the discretion of the board of directors, which meets monthly. But the principal cannot be touched, except by a 75 per cent vote of the entire membership. As a result, the club today is decidedly solvent.

Four of the original members are alive today. One—Dr. Francis J. Kelly—has been an officer since the organization's founding. Other officers are Drs. John L. Redman, president; Augustus H. Clagett, W. Burrill Odenatt, and Henry B. Kobler, vice-presidents; Howard A. Sutton, secretary; William S. Wray, treasurer; Charles S. Barnes, Henry B. Ingle, Samuel Loewenberg, Harvey S. Masland, John D. McLean, Edward P. Van Tine, and George C. Yeager, directors.

All in all, Philadelphia's motoring physicians believe that their organization is well worthwhile. Their faith has spread across the river to Camden, New Jersey, where colleagues have formed the Physicians Motor Club of Camden. This friendly rival, too, is extremely active.

The University of Louisville (Ky.) is the latest medical school to establish a course in medical economics.

AS A
VAGINAL DOUCHE

GLYCO
THYMOLINE
TRADE MARK

Helping to cleanse, soothe and heal irritated and inflamed mucous membrane in Vaginal Catarrh, eliminate disagreeable odor in leucorrhoeal discharges, and to control annoying pruritus.

Send for Samples

KRESS & OWEN COMPANY
361-363 Pearl Street, New York

MAY 1939



**This isn't how we do it . . .
but the idea is there**

TOASTING! An old and simple process. It does nice things to sunbrowned wheat. To the astonishing array of food elements corraled in wheat, toasting adds, in Wheatena, a fragrance and flavor that underwrite eager eating. Toasting paves with palatability, as it were, the path between vital food and alimentation. In short, Wheatena tastes good.



Wheatena

The sunbrowned wheat cereal

SAMPLES ON REQUEST: *A request, on your letterhead, will bring a dozen samples of Wheatena, with cooking instructions for bringing out the distinctive, delicious flavor of toasted wheat. Address Wheatena, Dept. ME-20, Rahway, N. J.*

MAY 1939

A Challenge and Every Word is True

★ \$100 Reward ★

paid promptly and without question, Doctor, if you can show us a tablet of sodium bicarbonate and flavoring as palatable, smooth, soluble and effective as CARBEX BELL . . . OR if you can show us *any* tablet of *any* formula that gives more prompt and dependable relief from the symptoms of functional indigestion.

We make Carbex Bell entirely of sodium bicarbonate and aromatics because our doctors tell us that sodium bicarbonate properly used is the fastest acting and most dependable material known to medicine for relieving the symptoms of functional indigestion.



Why not prove it for yourself? Trial is proof.

SEND FOR SAMPLE

M-5

HOLLINGS-SMITH CO.
Orangeburg, N. Y.

Sample Carbex Bell, please.

Dr.

Address

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Investors' Clinic

Building boom spurs fire-proofing

Cream of milk company profits

When in doubt—hedge!

"Preferreds" preferred

Values in defaulted bonds

Directors' stakes in industry

Asphalt and asbestos manufacturers are jubilant. Reason: the home-building boom. Probably, you seldom think of these companies as being an important part of the building industry. But they are. One company puts out 1,300 individual products.

Principal claim to fame of asphalt and asbestos is their fire-proof quality. They make highly durable and attractive construction materials, such as roofing shingles, floor tiling, and heat-resistant paneling for steamships. Flooring and other parts of automobile bodies are made of flame-defying asbestos compounds.

Four companies dominate the industry. They are consistent money-makers, even when general business is slack.

In good times, their profits roll up rapidly. Keep them in mind.



You've probably read about the recent milk price wars and the ill effects they are having upon dairy profits. Newspaper headlines on the subject have been uniformly bold—bolder, really, than the facts justify. True, milk prices have been

reduced. But largely at the expense of dairy farmers. The big distributors are making about the same profit they did last year. Then, they earned enough to pay dividends and had something left over besides. The important

point to remember is this: The dairy concerns are no longer completely dependent upon sales of fluid milk (the milk you drink) for their profits. The real cream of the business today is drawn from sales of manufactured milk products, such as malted and condensed milk, special vitamin extracts, milk powder, cheese, and even casein used in the manufacture of fine writing paper.

In fact, sales of fluid milk account for only 25 per cent of the profits of the two largest milk companies. The companies would, of course, like to make this unit pay as well as the milk products division. And the industry is approaching that goal now. When it is reached, milk companies will be able to raise dividends.



Suppose you're at a prize-fight. Just before the bout starts, you begin to suspect that the fighter on whom you wagered is in poor physical condition. Immediately you try to hedge your bet.

Not infrequently, it pays to do the same thing in the stock market. A favored hedging method is to

play one stock against another. Suppose, for example, you hold twenty shares of ABC Steel. You have a misgiving that something may happen to send all steel stocks down. However, you're not dead sure; so you don't feel like selling your holdings outright.

In that case, you can still retain your ABC Steel shares, yet hedge by selling short the shares of a weaker company in the same industry. If the market breaks, the stock of the weaker concern usually will fall proportionately lower than that of the stronger company. The former will drop, say 50 per cent in price, while the latter will slip only 25 per cent. And if the market rises, the stronger stock should rise relatively higher than the other.



Occasionally, preferred shares offer better possibilities for speculative market profits than do common shares. This is doubly true with respect to shares of companies which have discontinued dividend payments. And in the case of "cumulative" preferred stocks, all dividends that were skipped must be paid off *in full* before any money can be handed down to common shareholders.

Since last Autumn, at least ten companies which discontinued dividends have started to earn profits. If business improvement continues, they'll be able to resume payments on their preferred shares. When they do, prices of these shares will advance. Much more rapidly, in fact, than prices of the underlying common stocks. The latter will have to take back seats until preferred dividends are paid.



"Only good to paper your walls with," is a description that fits many bonds which can't meet their interest payments. But there *are* exceptions. Take some of the defaulted railroad bonds. A number are selling below their real worth.

To illustrate: Twenty large railroad systems have defaulted on mortgage bonds. These bonds are secured by railroad track and right-of-way property. And the bondholders (because of interest default) now own title to the property. They may trade or sell it to settle their mortgage claims.

Would they receive enough to pay back the money they invested? Figures indicate they would. The bonds were issued in an average amount of little over \$13,000 per



Menstruletts
A Non-Depressing Utero-Ovarian
SEDATIVE and ANODYNE

Relieves menstrual pain without producing an hypnotic effect. Indicated in dysmenorrhea, ovarian neuralgia; to control the after pains of labor and relieve other female disorders. Samples of Menstruletts will be furnished upon request.

JENKINS LABORATORIES, INC.
27-29 Clark Street, Auburn, New York

EACH TABLET REPRESENTS

Pl. Ex. Viburnum	1 mm.
Pl. Ex. Hyoscyamus	1 gr.
Po. Psedilia	1/8 gr.
Phenobarbital	1/4 gr.
Pyralin (Acetylpyrine Comp.)	1/8 gr.
Acetophenetidin	
(Alkaloide Derivative)	

MAY 4 1939



The variety of Ferro-Catalytic formulas permits you to select the copper-iron preparation best suited to each individual patient. Ferro-Catalytic capsules (made by a specialist in the preparation of iron products) contain *fresh* ferrous carbonate—the most assimilable and well tolerated form of iron—plus copper as an accelerating catalyst for maximum utilization.

Send coupon for sixteen-page booklet giving resume of iron therapy in correction of secondary anemias, and details of the 17 different "Frosst" formulas available. From this booklet you will be able to secure a sample of your own selection simply by writing.

DRAMATIC IMPROVEMENT AND GRATEFUL PATIENTS USUALLY FOLLOW ADMINISTRATION OF FERRO-CATALYTIC "FROSST"

Send me the new "Frosst" booklet on iron therapy in secondary anemias. I understand that you will forward a generous sample of the formula I select from your listing.

Charles E. Frosst & Co. (U. S. A.), INC.
Richmond Virginia

PRINT Name _____
Address _____
City _____ State _____

ME-5

mile of track. Yet the cost of rebuilding this track (Interstate Commerce Commission calculations) would average \$92,000 per mile!

Forget that you're a physician and picture yourself as the proprietor of a profitable pawn shop. A customer gives you a watch worth \$92 as security against which you lend him \$13. Now, would you worry about getting your money and interest back in case the borrower couldn't repay? Hardly. Being a shrewd pawnbroker you'd know you could cover yourself.

It's like that with the holders of some of these defaulted mortgage railroad bonds. Eventually they'll be paid off.

Have your broker look into them for you with an eye to a *limited* purchase. Quite likely he'll find several bargains.



I have just completed a study of recent reports made by 100 corporations to the Securities and Exchange Commission. They reveal how many common shares the directors own in the companies they help to manage. It is my conclusion that the best managed companies are those in which directors are large shareholders. For among nearly all companies with good profit records, directors' holdings were large.

In planning new purchases, why not check up on this point? You can get the information by writing to the Securities and Exchange Com-

mission at Washington. Ask for the commission's four most recent reports on transactions made by directors, officers, and large stockholders. These reports (issued twice monthly) publicize directors' buying and selling of company shares, and show how many shares they currently own.

—FRANK H. MCCONNELL

Just published

ARTICLES

MEDICINE FOLLOWS THE CROPS, by Rosamond C. Timmons and Clarence J. Glacken. Medical care for California's migrants. (Survey Monthly, March 1939)

PAMPHLETS

THE LEGAL ASPECTS OF SOCIALIZED MEDICINE, by Louis Warsoff. (New York University School of Law)

FOUR PAMPHLETS: "Political Medicine and You"; "Another Bid for Power"; "Shall Politicians Control Medicine?"; "Do You Want Your Own Doctor or a Political Jobholder?" (National Committee to Uphold Constitutional Government, free).

BOOKS

AMERICAN MEDICINE MOBILIZES, by James Rorty. The A.M.A. as a business. (Norton, \$3)

ECONOMIC ASPECTS OF MEDICAL SERVICES, by Paul A. Dodd and E. F. Penrose. With special reference to conditions in California. (Graphic Arts Press, \$3.75)

In 1933 we charged \$2.15 for 1000 Professional Cards. Despite big increases in labor costs, materials, taxes, etc. and much improvement in our service, the price is still the same.

SAMPLES
COMPLETE CATALOGUE
ON REQUEST.

PROFESSIONAL PRINTING CO.
America's Largest Printers to the Professions
103 LAFAYETTE STREET
NEW YORK, N. Y.

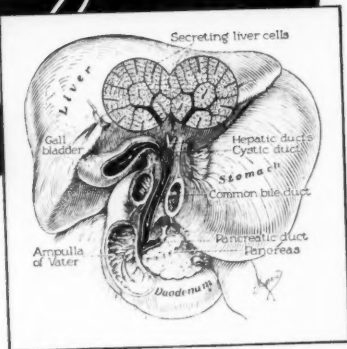
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NEW

XUM

MAY 1939

From Liver Cells to Ampulla of Vater



In inflammatory conditions involving the biliary apparatus, effective

relief of the associated bile stasis is accomplished by the physiologic flushing action, produced by Ketochol.

Acting as a natural stimulant to liver cell function, Ketochol causes an increased formation of bile, averaging 44%, thus flushing the entire biliary system, including the gall bladder.

Ketochol, combined with the administration of frequent feedings of a diet rich in uncooked fats, and antispasmodic medication, has been found highly effectual in the treatment of non-obstructive biliary tract disease, including chronic cholecystitis and

cholangitis, and to some extent hepatic dysfunction.

KETECHOL

is a combination of the oxidized, or keto form of the bile acids (cholic, desoxycholic, chenodesoxycholic and lithocholic) normally present in human bile.

DOSAGE

One tablet t.i.d. with or immediately after meals.

Supplied in bottles of 100 and 500 tablets.

G. D. Searle & Co.

ETHICAL PHARMACEUTICALS SINCE 1888

CHICAGO
KANSAS CITY

SAN FRANCISCO

NEW YORK

MAY 1939

U. D. HYPODERMIC TABLETS—

are hand molded in one of America's
Finest Pharmaceutical Laboratories
to give you accurate dosage, uniform
stability and quick solubility

The active ingredients in U.D. Hypodermic Tablets pass all the tests of the U.S.P. for purity and solubility—naturally, absolute cleanliness in manufacture is assured by air-conditioning the tablet rooms throughout—windows are permanently sealed to exclude dust. Temperature and humidity are kept constant. Skilled operators wearing specially constructed face masks and rubber finger cots mold these tablets and, though official tolerances run as high as 7 to 9 per cent plus or minus, our products rarely vary half as much. Stop-watch tests show that U.D. Hypodermic Tablets usually disintegrate in 5 seconds and dissolve completely in about 10 seconds. The millions which have been used by physicians everywhere are proof of their dependability and effectiveness.

U.D. Hypodermic Tablets are packaged for your convenience in easily identified standard-sized tubes of 20 to fit your hypodermic case, in packages of 5 tubes of 20, in vials of 100 and in bottles of 100 and 1000. Available only at Rexall Drug Stores in the United States, Canada and throughout the world. Liggett and Owl Stores are also Rexall Drug Stores. These 10,000 stores throughout the world are ready to fill your prescription to the letter with any standard product, including U.D. fine chemicals and pharmaceuticals produced for them by the United Drug Company in its spacious, modern laboratories.

Specify "UD" and save with safety

UNITED DRUG COMPANY • BOSTON

CHICAGO • ST. LOUIS • SAN FRANCISCO • ATLANTA • NOTTINGHAM • TORONTO
Pharmaceutical Chemists—Makers of tested-quality products for more than 36 years



A SOUND MOVIE

**"PRESCRIPTION
FOR LIVING"**

takes you through the United Drug Company's Department of Research and Technology into the heart of one of America's finest pharmaceutical laboratories. Here, you will see the intricate operations of skilled scientists and technicians. Here, you will get a true picture of the detailed care that goes into the manufacture of U.D. products and into the maintenance of their supreme quality. This 15-minute sound movie is available for showing to professional groups on request. Write the Advertising Department of the United Drug Company, Boston, Mass., for complete information. (Please mention this magazine.)

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'Must I answer that call?'

*Explaining under what circumstances a physician
may refuse a case or drop a case*

BY GORDON DAVIDSON, LL.B.

Ever since he made that disparaging remark, you have refused to speak to Sneerly Bixon. Now he comes to you with a bellyache. You usher him out of the office, refusing to hear his story, take his fee, or give any treatment.

Can he do anything about it legally (a) if you are the only physician in town; (b) if there are hundreds of others in town? A physician is not bound legally to render services to everyone who applies, and he may refuse the call of a patient unable to compensate him. Courts will not discipline him for arbitrarily refusing a call though he be the only physician available (48 Corpus Juris 1124). Thus in *Hurley v. Eddingfield*, 156 Ind. 416; 59 N. E. 1058, the decedent was taken violently ill. He sent someone for the family physician. The messenger offered the doctor his fee and stated that no other physician was available. Although the M.D. had no other patients to treat at the time, he refused to render aid. The decedent died. The court dismissed the suit, holding that by obtaining a license to practice, the licensee is not required to practice on other terms than he may choose to accept.

In *Urrutia v. Patino*, 297 S. W. 512, the defendant refused to make a home call. The plaintiff sued,

asserting that the delay in getting another doctor aggravated his illness. The court held, however, that a doctor may properly refuse to treat patients not coming to his office.

To refuse a case is the legal privilege of a physician. According to the Principles of Medical Ethics, however, "he should always respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service." Moreover, once he has undertaken to treat a case, he cannot—either ethically or legally—abandon the patient or neglect him.

Thus in *Lathrope v. Flood*, 63 P. 1007, the physician attended the plaintiff during her confinement and attempted to effect delivery with forceps. The patient shrank back and screamed, preventing the doctor from using the instruments. After several attempts, the doctor left the house angrily and refused to return, even though the husband followed and pleaded that it was late at night and that he could not secure another physician. The doctor was held liable. For, said the court, while by law a physician may elect whether or not he will give his services, once having accepted employment and entered upon his duties, he is bound to devote to the patient his

best skill and attention. He can abandon the case only when his employment is terminated by the patient or after he has given due notice and ample opportunity to secure other medical attention.

Troubles bog San Francisco service

*Compulsory health project
in financial difficulties*

The troubles that have dogged San Francisco's venture into compulsory health insurance since its beginning several months ago continue to pile up. When the city's 15,000 municipal employees were originally placed under this panacea, some predicated that a medical millennium was at hand. The subscribers would pay only \$2.50 a month for medical care. The doctors would be amply compensated on a unit basis. The project couldn't go broke because the scheme provided that, in the event of any shortage, it would be divided proportionately among the physicians with claims for service.

Since then, the 1,000 physicians

on the organization's panel have discovered that if the service can't go broke, they can. Shortages, they claim, have become the rule. And every attempt of the administrators to get the service out of the red has resulted in another raid on the doctors' fund.

The first serious difficulty was encountered when Dr. Edwin L. Bruck, San Francisco County Medical Society president, made public a number of complaints from panel members. They charged the administration with arbitrarily paring individual fees.

On the heels of this came an official announcement from Jesse Cameron, executive secretary of the service, that all bills for January would be cut in half. Reason, he explained, was that the patients had run up \$38,000 worth of care in one month. Against this in the treasury there was only \$20,000.

To this jolt was added a notification from Medical Director Walter B. Coffey, that doctors would no longer be able to collect until six months after rendering service. This delay, he said was necessary because of all the record-keeping involved.

Soon after, Dr. Coffey announced

TEST THE ARCHES

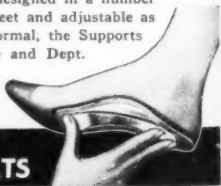
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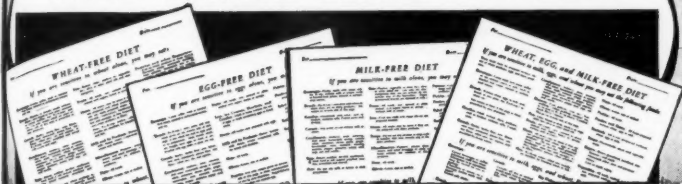
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MAY 1939

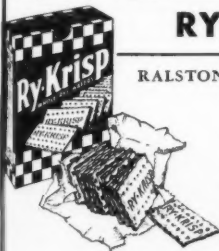


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more sad news. The fee schedule, he asserted, was not sufficiently "elastic"; it would have to be replaced by a "sliding scale." The existing schedule, he said, could still be used. Only the fees specified on it would become "maximums," with minimums approximately 50 per cent less. In other words, instead of receiving \$150 for an appendectomy, as called for by the schedule, the doctor would get from \$75 to \$150.

This, as Dr. Bruck put it, would "make the minimum the maximum in almost every case." Whereupon the San Francisco Medical Society filed a formal protest. At this writing, the physicians are still waiting to learn their fate.

While fees have plummeted downward, administrative costs remain high. A number of physicians have even described them as "exorbitant." Cameron King, president of the board of directors, admits that a survey of the clerical staff showed low efficiency and many overlapping duties. Two of the three directors up for re-election have refused to run again. Both had been voted down after moving that directors have access to the association's list of administrative officers, duties, and salaries.

In an interview, one of these officers, James L. Quigley, disclosed that he had made his motion because of subscribers' criticisms concerning administration expenditures and alleged politics in appointments. He revealed that he had never obtained the information he sought.

"There have been differences of opinion on the board," Quigley stated. "Since I don't know what's going on, even though I'm a director, I can't express myself either way on administrative expenditures. They feel I'm an obstructionist on the board. So I'm leaving it."

To the physicians' other headaches has been added competition from drugless healers. Although returns from a questionnaire sent patients showed that only 183 out of 15,000 requested the services of osteopaths, chiropractors, or naturopaths, it has been decided to admit the latter to the panels. Subscribers now may be treated by one of these practitioners instead of an M.D.

Answers to quiz on page 42

- | | | | |
|-----|-----|-----|----------------|
| 1-D | 4-E | 7-A | 10-All four of |
| 2-B | 5-F | 8-C | the answers |
| 3-D | 6-B | 9-E | are correct |

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3

SCIENTIFIC ACHIEVEMENTS of KNOX GELATINE

Prompt Symptomatic Relief in Peptic Ulcer

In a group of 40 peptic ulcer patients treated by diet regulation and frequent feeding of plain Knox Gelatine (U.S.P.), Windwer and Matzner¹ reported that 36 (90%) showed satisfactory improvement; 28 of these (70%) experienced *immediate relief of all symptoms*. They found that the frequent gelatine feedings "apparently caused more prolonged neutralization of the gastric juice". For this reason it was unnecessary to administer alkalis and the "alkalosis hazard" was entirely eliminated.

Improved Infant Health

Joslin^{2,3} reports a much better state of health in infants who were fed cow's milk to which 1% or 2% plain Knox Gelatine (U.S.P.) had been added. After studying these infants, one-third of whom were fed gelatinized milk, he finds a *markedly lower incidence of upper respiratory infections* in this group as compared to control groups receiving cow's milk and acidified milk. Addition of gelatine to cow's milk also seemed effective in preventing digestive disturbances.

Increased Muscular Ability

Physiological proof that plain Knox Gelatine (U.S.P.) increases the output of muscular energy before fatigue occurs in male subjects has just been reported⁴. Increases in daily energy output of from 37% to 240% over the pre-gelatine training period were noted. This effect is apparently due to the high content of glycine and other amino acids in gelatine which are precursors of phosphocreatine, the breakdown of which furnishes the energy for muscular contraction.

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1. Windwer and Matzner, *Am. Jl. Dig. Dis.*, 5:743, 1939.
2. Joslin, *Arch. Ped.*, 54:20, 1937.
3. Joslin, *Bull. Sch. Med. Univ. Md.*, 23:118, 1939.
4. Ray, Johnson, and Taylor, *Proc. Soc. Exp. Biol. & Med.*, 40:157, 1939.

NOTE: The gelatine used in these studies was plain Knox Gelatine (U.S.P.) which assays 85% protein and which should not be confused either with inferior grades of gelatine or with sugar-laden dessert powders, for these latter products will not achieve the desired effects. When you desire pure U.S.P. Gelatine, be sure to specify KNOX. Your hospital can get it on order.

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I'm sorry for my patients

BY A BRITISH PANEL DOCTOR

The charge: "excessive prescribing." The penalty: a \$50-\$500 fine. That's the fate of the panel doctor who prescribes what he honestly believes his patient needs, says the author. This article approximates one that appeared in the London News Chronicle as a public protest against conditions of practice under the British sickness insurance system.

The panel patient depends upon the integrity and skill of his doctor to maintain his major asset, his capacity as a breadwinner. It is therefore a matter for some public alarm that the panel doctor should not be allowed to treat his patient to the best of his ability.

The main issue is the rule governing the prescription of drugs.

In my experience, a panel doctor cannot order expensive drugs. Nor can he order several remedies at a time—such, for example, as a gargle, a cough mixture, and a nasal spray—without a serious risk of being fined for excessive

prescribing. This is discouraging to a doctor. In the long run, it results in his withholding from his patient treatment which would be in the patient's interest.

When I first started panel practice, I attempted to give my patients the treatment I had been taught to use in the big provincial hospital where I was trained. If a man needed local treatment for his nose I gave him drops. If he had laryngitis I gave him an inhalation. If he had a troublesome cough in the night I gave him an extra bottle, a linctus. I made free use of those proprietary drugs which are prepared for injection. In short, I used modern treatment consistently, so far as I was acquainted with it.

I naturally possessed no knowledge of how other panel doctors treated their patients. But such conversation as I had with my colleagues did not lead me to suppose that I prescribed in a manner very different from them.

Before entering into the practice where I now work, I had seen one other practice. There the surgery comprised a room too small for an examination couch. On a shelf there were eight large bottles containing eight stock mixtures. The doctor who was attempting to introduce me to this practice expressed it as his opinion that if one of those eight bottles did not cure his patients probably nothing ever would. And in many cases, I'm sure, nothing ever did.

After about four years in practice, there descended upon me one day an official of the Ministry of Health. From him I learned that the prescriptions I had issued to patients in my surgery, after be-

ing dispensed by a chemist, had been collected in a pricing bureau. There they were counted, priced, and added.

He gave me to understand that the number and prices of every doctor's prescriptions are counted in this way and that an average is struck of the doctors in a particular area. Analysis showed that my prescribing was nearly twice as high as the average of the area.

I was asked to account for this excess. My statement on the subject was submitted to the Panel Committee, elected from local panel doctors and others. The committee was required by the Ministry to consider whether my prescribing represented an excessive charge upon the drug fund. So I was summoned before the committee, and an official of the Ministry of Health appeared before them as my prosecutor.

Such enthusiasm as I had had for my work, and my efforts to give modern treatment to those for whose health I was responsible, had resulted in an informal prosecution and faced me with the probability of being fined. The prosecution made much play with the areal average, and although no evidence was adduced of careless

or wasteful use of drugs, or of negligent practice, I was fined ten pounds.

The experience I have described is not exceptional. The Ministry of Health has an organisation which is constantly occupied with this sort of inquisition. Fines of over fifty pounds have often been recorded.

Consider, the position of a doctor who has been fined in this way. He does not know what drugs it will be safe to prescribe. He does not know what combination of treatments it will be safe, financially, to employ. He is faced either with curtailing his prescriptions and thereby affording an inferior service to his panel patients, or with laying himself open to further, probably larger, fines.

It may be thought that an alternative exists—that a doctor could say to his patient that he requires certain expensive drugs for his cure but that these cannot be prescribed on the panel. If the patient will procure them from a chemist at his own expense the doctor will direct him how they shall be used.

But a doctor may not do this. Once he has told his patient that certain drugs are necessary it be-

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comes his duty to provide them, irrespective of his liability to be fined. Failure to do so would be negligence and would render him liable to fines and possibly damages on that score.

Which means that the only way a doctor can protect himself from penalty is, in the first place, not to prescribe expensive drugs lest he be fined for so doing; secondly, not to divulge to his patients the existence and advantages of such drugs, lest he be fined for not prescribing them.

What will be the feelings of a doctor who has to treat a consumptive while the latter waits six weeks for admission to a tuberculosis sanatorium? Such a patient may require bitters for appetite, linctus for cough, cod liver oil and malt and calcium tablets for the healing of tuberculous cavities. On the efficiency of this pre-sanatorium treatment the patient's life may depend.

But four prescriptions at one time is an excessive charge on the drug fund. The doctor's financial interest is to issue only the bitters and to omit the other necessary drugs on the grounds of expense.

In my view, this system of administration is calculated to destroy the enthusiasm and development of a doctor. It is likely to debase medical skill and to undermine a practitioner's self-respect. Finally, the confidence of a patient in his doctor is lost. The eight-bottle doctor wins every time, and the extent of the patient's loss is never known. The self-interest of the doctor has been set against the best interests of his patients.

For my own part, if I am to maintain my integrity as a panel

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doctor, I suppose I shall have these fines regularly deducted from my year's earnings—the penalty of attempting to give to the poor the treatment which the rich demand.

The refugees dig in

Foreign physicians press bitter fight for recognition

Growing in numbers and influence, refugee physicians have strengthened their position along several fronts.

To the number of medical emigré organizations already in existence has been added still another: the Central Committee for the Resettlement of Foreign Physicians. Refugee doctors in groups of this kind, as well as individually, have gained a supporter in David Lawrence, author of the widely-syndicated Washington column. Said he recently: "Physicians are not made over night. America has the chance to acquire the cream of European skill and professional ability."

A notable victory has been gained by medical refugees in California. There the State law provides that eligibility of foreign doctors to practice in California depends on having first been licensed abroad. But Attorney General Earl Warren has now excepted refugees who lost their German licenses after they had already begun internships in California. This is believed to open the door to at least 100 alien interns. Inspired by the decision, others whose foreign licenses were revoked before they secured California internships are clamoring

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for the same privilege. Dr. Charles B. Pinkham, secretary of the State Board of Medical Examiners, thinks they will get it.

Until now, the Wisconsin profession has felt little pressure from foreign competitors. The State Board of Medical Examiners limits its licenses to those who are citizens and have been graduated from American medical schools. But all this may be changed by a bill now before the legislature. Among other things, the measure would admit to practice fifty doctors from Austria, Czechoslovakia, Germany, and Poland, for the year beginning July 1. It would also grant them applications for \$10 (Americans pay \$25). State and county medical societies are fighting the measure tooth and nail.

New York is no less concerned with the seriousness of its refugee-doctor problem. Medical society officials there point with alarm to the fact that native licensees for the year ended June 30, 1938, were outnumbered 556 to 419 by foreigners. Meanwhile, the Department of Education reports that the total number of applicants for its next medical examination will reach an all-time high.

New York physicians find some

solace in the Appellate Division's defense of the Board of Regents' right to reject foreigners seeking licenses by endorsement. Reversing an order of Supreme Court Justice Sydney F. Foster, the court has denied licenses to aliens Paul Erlanger and Julius Levi. Although they failed the examinations, the latter insisted they were entitled to licenses anyway. Reminding them that the standard of German medical schools is below that in New York, Justice Christopher J. Heffernan commented:

"The State has the right to demand that those who seek to practice medicine shall pass a satisfactory examination as evidence of skill and competency. Such a requirement is neither unreasonable nor discriminatory."

Hundreds of emigré M.D.'s are said to be affected by this pronouncement.

Meanwhile, New York Assemblyman L. A. Lawrence has introduced a bill requiring citizenship for practice. A similar proposal is before the New Jersey legislature.

Some slight hope of a diversion of European pressure on American practitioners is seen in the relaxing of barriers against refugee physicians entering New South

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MAY 1939



How a family doctor became so tired he turned inventor

THE doctor sat in his office with his head resting wearily on his arms. "Why in heaven's name, couldn't people remember what you told them?" Two more cases of gastro-intestinal infections and both after he had specifically warned the mothers to keep the nursing equipment clean.

Suddenly he opened his desk and looked at a nursing bottle. Maybe it was the equipment itself. Why couldn't a bottle be built with a wide mouth, with smooth-rounded corners, no cracks or crevices to catch dirt. Then anyone could keep it clean. Thus was invented and patented Hygeia Nursing Bottles and Nipples, 44 years ago.

Dr. Decker, who invented Hygeia after practising 18 years, was a fanatic on the subject of proper medical care before and after childbirth. Today Hygeia advertising tells more than 34,000,000 people each month to "see your doctor regularly". And each month literally thousands of doctors rec-

ommend easy-to-clean Hygeia Bottles and breast-shaped Hygeia Nipples. These Hygeia recommendations help us and we hope and believe that each Hygeia advertisement helps doctors. Hygeia Nursing Bottle Co., Inc., 197 Van Rensselaer St., Buffalo, N.Y.



Special offer to hospitals. Hospitals may now buy Hygeia Bottles and Nipples at approximately the same cost as ordinary equipment.

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Wales. Recent amendments to that country's Medical Practitioners' Bill provide that the Medical Board, subject to the approval of the Minister, may register foreign graduates with *special* qualifications. After three years of post-graduate teaching or research in a public institution, foreign graduates may apply to the Medical Board for a license.

While other countries and states weigh the alien doctor problem, Massachusetts is vexed with that of alien patients. Studying mental diseases, a State legislative commission found that 4,500 of Massachusetts' hospitalized insane are foreigners; that their care costs taxpayers \$2,000,000 yearly. The commission suggests they be deported.

Location tips

A free service to M.D.'s seeking places in which to practice

An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available to any reader on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of physicians to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 130,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies for physicians have occurred. Address them to MEDICAL ECONOMICS, Rutherford, N.J.

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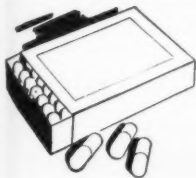
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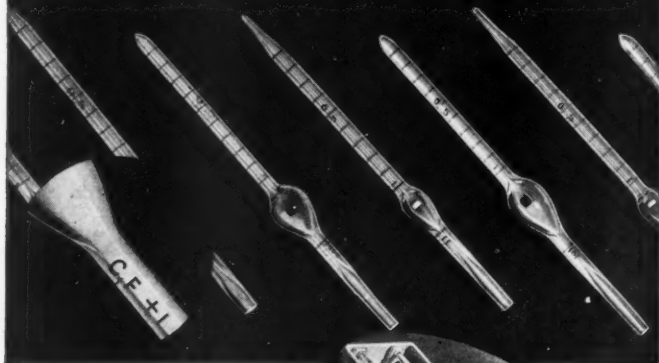
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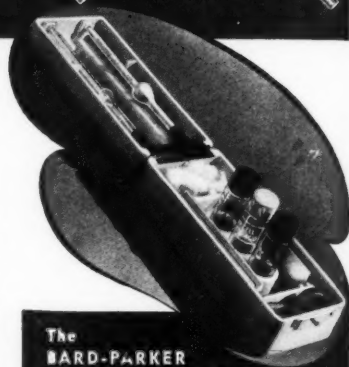
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Hospital groups map plan to offer physicians' services

Soon, one premium may pay for both medical care and hospitalization

As organized medicine and the Federal Government struggle for control of health insurance, a third party prepares to enter the field. The hospital associations, armed with a prepayment system designed to extend their activities to medical as well as hospital care, have already made sporadic efforts in this direction along several fronts. Events of the recent past presage a more or less concerted drive for patients in the near future.

First is the quiet growth of hospital insurance for ward patients. During the last year, plans providing ward beds for about \$1.25 a month per family have been established in Pittsburgh, Boston, Toledo, New Orleans, and Utica, N.Y. They are intended for patients who previously received such hospitalization free.

Second is the recognition by medical societies throughout the nation of voluntary health insurance.

Third is a recommendation of the "Hospital Survey for New York," advising hospitals to extend their activities into patients' homes.

Fourth is the tremendous expansion and success of hospital insurance, with its millions of dollars of reserves and the resultant tendency to spread out into new fields.

Last is the policy of encourage-

ment adopted by the American Hospital Association. Its House of Delegates has officially approved this memorandum:

"Efforts by the local profession to extend voluntary insurance to medical fees in hospital practice can be assisted by cooperation with approved hospital care plans. Approved plans are urged to offer their cooperation... Joint efforts will make hospital care available to millions..."

C. Rufus Rorem, director of the A.H.A.'s committee on hospital service, has added, significantly, that the group hospital plans could, in less than five years, boost their total subscriptions from the present 3,000,000 to 40,000,000—if they offered medical care.

Nor has the recommendation of the A.H.A. been disregarded. Inclusion of medical treatment with group hospitalization is already reported under consideration in Cleveland, Cincinnati, Rochester, Buffalo, and Utica.

New York City's Associated Hospital Service, which encompasses over 1,100,000 subscribers, has a model plan already nearing completion. Although details are not expected to be made public for some time, MEDICAL ECONOMICS has learned that the plan will be built on this foundation:

It will be presented as another "ward plan." But tied to it will be a rider providing medical care during the term of hospitalized illness, plus "a certain amount" of after-care.

It will be limited, at first, to low-income groups. That is, families with less than \$2,000-\$2,500 annually; individuals with less than \$1,200-\$1,500.

It will establish subscription rates for combined ward hospitalization and medical treatment, "comparable" to those prevailing for semi-private hospitalization alone. An actuarial survey of 100,000 cases is now being made to determine the exact figures.

Frank Van Dyk, the organization's director, has estimated the combined cost of group hospitalization and medical care at \$15 annually per individual, \$36 per family. A.H.A. officials set a maximum of "two per cent of the family income for all services for hospitalized illnesses."

The New York scheme will pay physicians "equitable fees"—not lower than present Workmen's Compensation Law standards. While the "return per case" will be low, it is predicted that this will be more than balanced by increased

practice. Free choice is promised.

Bids for cooperation have already been sent the five Greater New York medical societies. The plan's sponsors appear extremely anxious to win professional support. They declare that their proposals are "designed to help the doctor" and would "stave off compulsory health insurance."

Nevertheless, New York physicians have not rushed to support the plan. One expression of their attitude was a recent editorial in the New York Medical Week, New York County Medical Society organ, which declared that—

"It will not be good for either the profession or the hospitals if the latter's insurance organization attempts to turn a partnership into a dictatorship by unwarranted extension of its function."

Referring specifically to the Associated Hospital Service, the society added:

"With only one physician on their board, they are certainly not qualified to deliver medical care. True, they are planning to set up a medical advisory board. But it would merely...propose. The right to dispose would remain with the lay directorate. There is no reason for the Associated Hospital Serv-

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mouthwash that
promotes healing.
Patients gladly use it.

MAY 4 1939

There Is A Difference



"Calcium Gluconate, U.S.P.... Slowly soluble in water (1 in 30)." *Epitome of the Pharmacopeia and National Formulary, 1938.*

"Calcium Gluconate Effervescent-Flint... Its solubility in water is not less than 28 Gm. per hundred cubic centimeters." *New and Non-official Remedies, 1938.*

THE greatly increased solubility of Calcium Gluconate Effervescent (Flint), plus its sparseness of effervescence and palatability merit its prescription when you desire to administer calcium over a long or short period.

CALCIUM GLUCONATE EFFERVESCENT (FLINT)

Council-Accepted—Protected by

U. S. Patent No. 1983954—each gram contains calcium gluconate-U.S.P. 0.5 Gm., citric acid 0.25 Gm., and sodium bicarbonate 0.25 Gm.

DOSAGE

For adults, 1 to 1½ heaping teaspoonfuls (equivalent to 50 to 75 grains of calcium gluconate).

For children, ½ to 1 teaspoonful.

For infants, the solution in water may be added to milk.



Samples and literature on request.

FLINT, EATON & COMPANY

DECATUR

ILLINOIS

ice...to take over...medical care. A separate medical cooperative, under medical supervision, would be far better equipped...Non-profit cash indemnity insurance would make treatment available...with a minimum of lay interference."

[Just before going to press, MEDICAL ECONOMICS was informed that the Associated Hospital Service "plans to enlarge its board by giving five posts to M.D.'s, five to hospital executives, and five to laymen." The proposal is interpreted as an attempt to appease the medical societies.]

New York State law currently forbids hospital associations to add treatment to their services. But legislation proposed by State Assemblyman Downing would legalize the practice of medicine by these corporations, thereby permitting the employment of doctors and the resale of their services to the public.

At a hearing before a joint legislative committee on revision of the insurance laws, both New York City and upstate medical societies attacked this proposal. Dr. George R. Critchlow, representing eight societies, opposed assumption of medical care by hospital service corporations with the statement that

"No group of laymen is competent to handle purely medical matters." Dr. Joseph S. Lawrence, legislative representative of the New York State Medical Society, also declared that his organization favors the existing code.

A split developed in hospital association ranks when a number of these organizations, joining the doctors, opposed any broadening of their functions. Sherman Bates, representing associations in Rochester, Utica, Watertown, Jamestown, and other cities, expressed satisfaction with the *status quo*. Charles S. Wilcox, counsel for the Rochester Hospital Service Corporation, added that separation of hospital and medical services is "highly desirable."

As a result of the Albany hearings, the New York State legislative committee has indicated that it will side with the medical profession. Should the Downing bill by any chance be passed, hospital associations will still face the following recommendation intended under the measure:

"No corporation *should* [our italics] start operating...without the approval of organized medicine."

Suppose this approval were not forthcoming. Would the associa-

The dependable Urinary Antiseptic

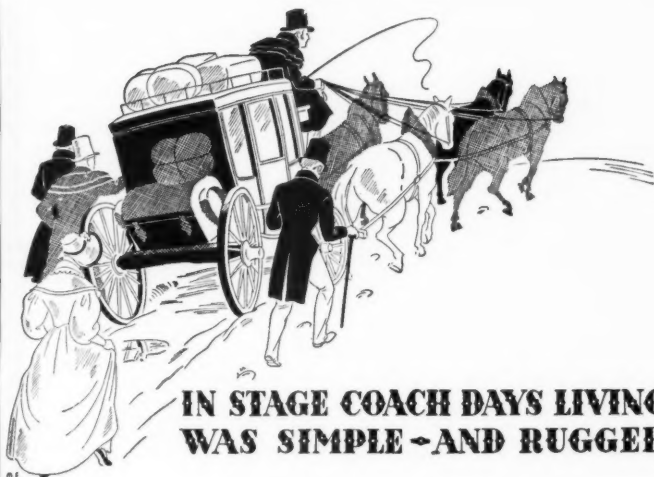
Genito-Urinary antiseptics and amelioration of renal and vesical discomforts are accomplished when Cystogen is used in the treatment of urethritis, pyelitis, cystitis, etc. Cystogen flushes clean the genito-urinary tract from kidney to meatus and prevents intra-vesical decomposition of the urine. No irritating after-effects when Cystogen is administered. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

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MAY 4 1939



IN STAGE COACH DAYS LIVING WAS SIMPLE - AND RUGGED

But pain meant suffering then even as today. Many a dour disposition found its source in hemorrhoids . . . making a stoic of the sufferer . . . who found little joy in living.

For more than a third of a century, Anusol Suppositories have aided the physician to stay the hand of pain. Without narcotic, local anesthetic or analgesic drugs, Anusol Suppositories have made it possible to treat hemorrhoids and other painful, inflammatory conditions of the proctological area medically and afford relief from pain, tenesmus and "fear constipation."

How well Anusol Suppositories have been performing their mission of relief, you can quickly gather by simply asking for a trial supply on your letterhead to observe results at first hand.

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tions go ahead with their programs anyhow? Hospital Service Director Rorem says they wouldn't. Declares he:

"Hospital service plan executives should not advocate or attempt to hasten the inclusion of medical service in hospital care insurance. Such stimulation and demand must come from the general public and the medical profession. Insurance plans for medical service benefits can be developed only when, and if, they are fully and enthusiastically endorsed by responsible leaders of the medical profession..."

Another source of professional worry is the tendency of hospital associations to work for constant expansion. The sponsor of one plan disclosed that its next aim would be extension to the indigent. "There is no reason," this authority observed, "why the Government should not subsidize such an arrangement."

The American Hospital Association sees no insurmountable obstacle in the path of the extension of present plans to cover home and office care for those in the upper-income brackets. On this, too, Mr. Rorem has spoken significantly:

"It would seem desirable to experiment first with medical benefits for hospitalized cases only... Exclusion of home and office care would minimize the preventive features of a voluntary health insurance plan. Moreover, this exclusion would tend to increase the amount of hospitalization. If a plan pays

hospitals a reasonable amount for services rendered, and a reasonable fee to the attending physician, there would seem to be no practical value or social justice in placing an income limit upon those eligible to participate. Exclusion of the well-to-do from a group budgeting plan may discourage many persons of limited means."

In those words may be written the story of group hospitalization's future.—DAVID L. WARK

Insurance blanks

[Continued from page 32]

courage of his convictions and collect the charge from the person who ought rightfully pay it: his patient. Many companies, to facilitate the payment of fees to doctors, place on their disability blanks the following: "The fee for this information is not chargeable to the company."

When claim papers are first presented to the physician, he ought to tell his patient that he charges for such services. After all, the same patient would not go to his lawyer and ask him to execute a paper without expecting to pay a fee. So why should the physician be afraid to charge for something that is clearly his due? The fear that the patient might be offended is a bugaboo in the doctor's own mind.

Other elements besides a medical examination enter, of course, into

• Write for Sample and Formula

Stannoxyl

BOILS

Treats Both Orally

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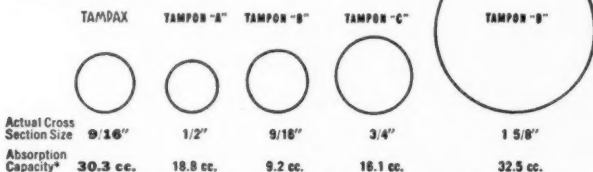
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Can a menstrual tampon, small enough for comfortable use, provide adequate absorption?

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* The figures indicate volume of oxalated beef blood absorbed in five minutes.

Tampax, it will be noted—small in cross section, for easy insertion—yet affords far higher absorption than most others available, for adequate service. More important, it alone has an ingenious individual applicator that renders its use comfortable and aesthetically acceptable.

Made of the finest surgical cotton, Tampax is kind to the most delicate tissue. It will not disintegrate, and cannot block the flow. A water-resistant cord permits gentle removal. Physicians everywhere have been interested to check its unique advantages. You can receive your clinical supply by using the coupon below.

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I should like a supply of Tampax for examination.

Dr.

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the issuance of a life insurance contract. Simultaneously investigated are the applicant's financial status, morals, habits, and standing in the community.

During the course of the initial check-up made by the company's regular medical examiner, the applicant may reveal that he was once treated by a physician. Yet he may be unable to give an intelligent description of the condition. In such a case, it is his obligation to furnish all information about his past medical history as an inducement to the company to issue him a policy. Information which he himself cannot intelligently give should be procured from those able to give it. And it should be paid for. The policy-seeker is somewhat like an applicant for admission to a fraternal lodge: It's up to him to prove himself "worthy."

Death must also be proved by the beneficiary. And, again, the accomplishment of the form is not the obligation of the company.

Services for which the physician can expect the insurance companies to pay are three in number:

1. Answering any request for information which emanates from the medical or claims department of a company and is written directly to the physician.

2. Assisting a representative of the company in quest of information.

3. Supplying copies of hospital records.

Much has been written by misinformed writers about the attitude of insurance companies toward the medical profession. The entire discussion revolves around the question of fees for executing various forms.

We welcome this opportunity to present our case. But, really, isn't this fuss just an expression of poor business acumen on the doctor's part? Isn't it just another evidence of his inability to collect from his patients? The remedy for this lies in the doctor's own hands. Let him use it.

If the physician would take the trouble to inquire, he would find to his amazement, and perhaps gratification, that the insurance companies are good clients of the medical profession. This is so not only because of the immense volume of fees paid to regular examiners and to others for information requested, but also because of the important fact that the companies furnish the physician's patients with funds so that the latter is enabled more readily to pay his doctor's bill.

There has been a mistaken notion that insurance companies harbor resentment against the medical profession. Nothing can be further from the truth. As a matter of fact, insurance company officials are most friendly toward the profession. It is not too much to say



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MAY 1939

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For the aged, a gentle eliminant is often useful to stimulate peristaltic function in sometimes lethargic intestinal muscles. Entirely suitable for this task are the salines.

Sal Hepatica

Constipation therapy at its finest is available in Sal Hepatica. Synergistically blended mineral salts exert osmotic influence to provide *liquid bulk* which effectively stimulates lethargic colon muscles. Waste is gently eliminated. Sal Hepatica also helps to combat excessive gastric acidity and promotes increased flow of bile.



Sal Hepatica resembles the action of famous natural aperient waters. Its bubbling effervescence yields a pleasing drink . . . A note on your letterhead will bring you samples and literature.

Sal Hepatica Flushes the Intestinal Tract and Aids Nature Toward Reestablishing a Normal Alkaline Reserve

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Do you want an ample supply of Radium constantly on hand, without capital outlay? Then the Radium Leasing Plan is your answer, for it is extremely convenient, and the lease is obtained without red tape.

You pay only a small monthly fee which includes insurance and upkeep expense. There is no further responsibility—no extra expense on your part. Our service is complete and begins at once, providing you with modern platinum containers of your choice and the necessary handling equipment.

The cost to you for 50 or 100 milligrams of radium on lease is probably far less than you suppose. And remember, the leasing plan, originated by us four years ago, has been so satisfactory, that more than 98% of all leases are kept renewed. For complete details, mail the coupon at once, to Radium Chemical Co., Inc., 1 East 42nd St., New York.

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Without obligation, send full details regarding your Radium Leasing Plan.

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that the life insurance industry is, in the long run, probably the best friend the profession has.

This is made more obvious when we consider the fact that in a single depression year—1934—four insurance companies alone paid individual physicians a total in fees amounting to \$7,222,966. Nor did that figure include salaries paid to the companies' full-time medical employees.

A study is being made at the present time to ascertain what proportion of the income of U.S. doctors is made up of fees paid by life insurance companies. I am told, unofficially, that this figure is well over 10 per cent. The study is under the auspices of a joint committee of the Association of Life Insurance Medical Directors of America and of the medical section of the American Life Convention.

Since the general health of the country is reflected in its mortality rate, any decrease in the rate is, of course, profitable to the insurance companies. It is felt that the present system of medicine has contributed greatly to the population's increasing longevity. Any new system which would have a reverse effect would certainly be to the insurance companies' disadvantage.

When strangers ask charity

[Continued from page 37]

we ask the county judge for an order enabling me to treat him as a county case. I explain that many good citizens have been forced by circumstance to petition this aid, and that there is no disgrace in so doing.

What happens? [Turn the page]

MAY 4 1939

When sleep is medicine



THERE is a time in the treatment of most ailments when a few successive nights of quiet, restful sleep is the most valuable therapy.

PENTABROMIDES

(MERRELL)

enables the physician to control insomnia and calm the hyper-excitable or neurotic patient—safely and effectively. For this exceptionally palatable bromide prescription brings peaceful sleep without the distressing “hangover” that often follows drastic hypnotics.

Each fluidounce Pentabromides contains 64 grs. sodium bromide, 20 grs. potassium bromide, 20 grs. ammonium bromide, 12 grs. calcium bromide, and 4 grs. lithium bromide, in an easily tolerated, non-alcoholic syrup. Each fluidram provides 15 grs. of the combined bromides.

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This new definition of their status causes a number of patients to think immediately of a source of money accessible to them. Others

How to make your lab self-supporting

If you have trouble collecting fees for urinalyses, try this: Ask each patient from whom you have requested a specimen to write his name and address on a card and to enclose the card together with a dollar bill when he submits the package to you. When you give these instructions, point out that the dollar is for the laboratory fee. You needn't mention, of course, that you're referring to your own laboratory. Even accomplished payment dodgers show a gratifying response to this approach.—JOHN J. SPRAFKA, M.D., Chicago, Ill.

shrink sincerely from accepting county aid or, more likely, from the possible stigma of the word "pauper"; for it is still more honorable to take a physician's charity than that of a public agency. Still others agree that it's the proper procedure, since paying the doctor—even in the future—is highly problematical.

To obtain such an order (if your community will issue them) is often the fair and proper thing to do. The doctor must decide each

case on its own merit. In states where the county judge does not determine eligibility for public aid, there is usually some corresponding official who does. Application through him will often result in the collection of a fee that would otherwise be lost.

When I find a patient whose circumstances reasonably entitle him to charity treatment, I always give it cheerfully and to the best of my ability. I naturally make no distinction, either in attitude or thoroughness of treatment, between charity patients and others. Goodwill and respect are the results of this policy.

When I accept a patient for treatment sans fee, and prescribe for him, I remember to write the time-honored "PP" on my prescription. I've found that few reputable pharmacists in my county will refuse to fill such a prescription gratuitously. They know the physician has received no fee and has found the patient worthy. To prevent any possibility of a slip-up, however, I always instruct the patient to bring back the prescription to me if he has any trouble getting it filled, lest sweet charity's fruit become as ashes.

—ALLEN D. REBO, M.D.

Said Dr. Oliver Wendell Holmes, displaying the public arch of a female pelvis to his medical students: "Gentlemen, this is the triumphal arch through which every candidate for immortality must pass."

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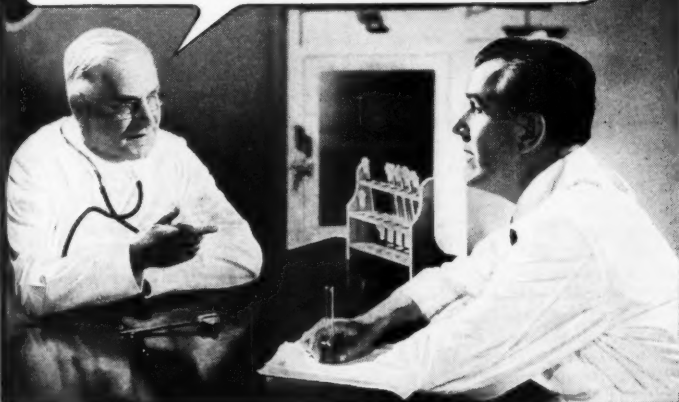
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WHAT IS THE CAUSE OF CONSTIPATION?**



OBVIOUSLY, there is no single cause. Each case must be judged on its own merits. Anatomical differences, variations in diet and habit and specific pathological entities all enter into the cause. However, it is safe to say that faulty habit plays a role in the great majority of cases, and that loss of neuro-muscular tone is a very common secondary factor.

To make habit training easier, a bland, pure mineral oil is important. To increase tonus of debilitated intestinal musculature and nervous system caused by Vitamin B-1 deficiency, pure crystalline Vitamin B-1 has been found to be of great value.

In *Vita Nujol*, these two important aids in the relief of constipation have been combined.

Vita Nujol is a smooth, pleasant-tasting emulsion of pure mineral oil with pure crystalline Vitamin

B-1 added in such quantity that the suggested average dosage is the average adult maintenance dose of that important food factor (400 International Units).

Vita Nujol has a place in the treatment of the majority of constipation cases, and also in the gastro-intestinal syndromes of chronic alcoholism and many other pathological states associated with Vitamin B-1 deficiency.

Vita Nujol has been thoroughly tested and proven in laboratory and clinic.

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NEWS

MAY 1939

Aliens Aided

A.M.A. officials have been linked with efforts to bring refugee M.D.'s to the United States, according to despatches in the Times and Daily News, New York newspapers. They report that the A.M.A. recently queried German police as to the whereabouts of Dr. Jonas Borak, who had been arrested in Vienna. Dr. Borak was released and allowed to go to Antwerp. There, the U.S. consul provided him with a visa that exempted him from American quota requirements. He has now settled in New York City.

Professional Standing

How one Nebraska county hires physicians was shown graphically by a recent ad in a local paper. Headed "Bids Wanted," it announced that the office of county physician would be awarded to the lowest bidder—"said physician to furnish all medicine and driving and to attend all county patients and duties of said office." Bids from M.D.'s, it was added, would be considered at the same time as those for courthouse janitor.

Wagner Bill Echoes

"Time out" to study compulsory health insurance is being taken in New Jersey. Approving a proposed survey of the subject by physicians, dentists, and health authorities, New Jersey's Governor A. Harry Moore said recently:

"We don't want Washington to

foist a bill on us unless we know what it is all about."

But delay is not for Assemblyman Robert F. Wagner Jr. of New York. Taking up where his father left off in the National Health Act, this New York chip off the Federal bloc is pushing his bill to force health insurance on all workers earning less than \$2,500 a year. Placing physicians on panels, the measure would vest their control in a bureau to be made part of the State Labor Department.

Lost: 500,000 Patients

After studying how to improve the health of California's migratory farm workers, a Federal committee is of the opinion that it could best be done by the Government. Appointed by President Roosevelt, the committee is composed of Dr. Thomas Parran, U.S. Public Health Service; Dr. Will W. Alexander, Farm Security Administration; Arthur J. Altmeyer, Social Security Board; A. D. Hollenbeck, U.S. Employment Service; and W. P. Lawson, California W.P.A. administrator.

Finding the health of migrant workers "deplorable," the report of the committee proposes that they be treated by expanding the Agricultural Workers Health and Medical Association through added grants from its parent organization, the Farm Security Administration. It suggests further that the Government establish clinics and emergency hospitals in present Federal camps for these workers. This subsidization of some 500,000 potential patients, it is predicted, would "take a load from the shoulders of local country doctors."

Debate Patent Control

Recommendations for regulating medical patents are expected to result from a conference on this subject



Allantoin - National

Allantoin (National) definitely supplants maggot therapy in the treatment of chronic osteomyelitis and slow healing wounds:

1. Avoids danger of introducing infection into the wound with living maggots.
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ointment in GREASELESS BASE: U. S. Pat. No. 2,124,295. Treatment of osteomyelitis, chronic and varicose ulcers, wounds, burns and where epithelial stimulation is desired.

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SURGICAL DUSTING POWDER: Useful in the treatment of bed sores (decubitus) and in wounds where dusting powder is indicated.

ALLANTOIN-OKRA: Indicated in treatment of gastric or peptic ulcer, in duodenal ulcer, and colitis.

SOL-U-JEL ALLANTOIN "NASAL" JELLY: Indicated in treatment of atrophic or chronic rhinitis, chronic sinusitis, and conditions in which nasal mucous membrane is chronically inflamed and refuses to heal.

SOL-U-JEL ALLANTOIN "RECTAL" JELLY: For treatment of pruritus ani, and vulvae, local treatment of hemorrhoids, rectal fistulas and fissures.

SOLUTION: Application where wet dressings are indicated. Furnished in pints and gallons.

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A general hematinic and reconstructive tonic with wine base. Furnished in pint and gallon bottles.

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held by the American Medical Association. Representatives of some 200 hospitals, universities, and private pharmaceutical firms participated.

Earl S. Johnson, University of Chicago sociologist, proposed a national body to "integrate" control of medical patents. Most of the revenues, he suggested, might be given to colleges whose endowments have been curtailed. As for the discoverers, he said, they could be rewarded by being placed on salaries, and would be compensated further by the knowledge of their contributions to humanity. Johnson did not say who would control the regulatory body.

Defending the present system, Dr. John F. Anderson, physician-director of E. R. Squibb & Sons, pointed to the decline of research in Holland when rewards were taken from the inventor. This was halted, he said, only by restoring the patent system. Manufacturers cannot afford to invest in costly research, Dr. Anderson declared, if its results are to be handed over to others who have not contributed toward the development.

Another speaker, Dr. A. W. Lescohier, president of Parke, Davis & Co., favored better control than at present. But he also defended the right of the inventor to the fruits of his brain.

Commenting on the conference, the New York Times stated editorially:

"The American Medical Association, through Dr. Morris Fishbein, has proposed that it become the repository of all patents bearing on medicine and that it be permitted to grant licenses under the patents... It is a serious question whether any private organization should interfere with the normal and legal process of exploiting inventions and discoveries. Incentive to conduct research might be chilled..."

"The proposals strike directly at the drug industry, to which medicine owes much. Had it not been for the vast sums spent annually on research by chemical houses, medicine's progress would have been less spectacular. Since a considerable percentage of the profits earned from patents is plowed back into research, medicine has no great cause to complain of the present system... The research of chemical companies will gain in importance if they are permitted to make the most of patents."

Old-Age Field to Boom

The lengthening life span is increasing the need for the family physician, according to Frederick Osborn, American Museum of Natural History anthropologist. In the next half-century, Osborn predicted before the New York Academy of Medicine, the population over age 65 will double.

"Solution of medical problems of infancy and youth," he said, "has

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There's something about ROYALCHROME office and reception room furniture that builds prestige. It may be the sparkle of chrome... or the warmth of the Tuf-Tex leatherette. It may be the simplicity of style... or the lasting strength.

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New Guarantee Tag *Protects*



Liquid Albolene Prescriptions

Liquid Albolene . . . the original medicinal mineral oil . . . is now produced by a new process which guarantees absolute purity, stability and high quality, free from impurities, and consequently especially desirable for internal use. The new process (patent pending) also permits definite identification.

A Guarantee Tag sealed under the viscose cap of each bottle of Liquid Albolene produced under the new process assures you and

your patients that only the genuine Albolene is supplied on your prescriptions.

One Million Prescriptions a Year
Albolene's position as the finest medicinal mineral oil is shown by the Prescription Ingredient Survey published in 1933 by the American Pharmaceutical Association, which indicates that Liquid Albolene is specified by

name by American physicians at the rate of more than one million prescriptions a year.

Send for Sample Bottle

A sample bottle of Liquid Albolene produced under the new process will be sent to any physician on request. Write to McKesson & Robbins, Inc., Dept. ME, Fairfield, Connecticut.

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intensified problems connected with old age. In old age, changes in the patient's way of life may be necessary over long periods. The physician's care must be more continuous and personal, requiring more knowledge of traits of personality and family background. Hope for a rapid cure gives place to desire to alleviate suffering and extend the serviceable years of a mechanism beginning to wear out. These factors indicate increasing need for the family physician."

Five-and-Dime Care

Along with egg-beaters, hairnets, and phonograph records, patients can now get their vitamins at the local five-and-ten. For several of the major chains are selling them in capsule form. In the stores of one such chain not only vitamins were found, but also halibut-liver oil capsules, cold remedies, and ephedrine compounds. These were on a counter labeled, "Notions and Novelties." Another store sold them in its "Cosmetics" department.

Patients of Puppets

Contract practice in the Appalachian coal fields has resulted in "deplorable" medical care, it is charged by the Bureau of Cooperative Medicine. The bureau, whose headquarters are in New York City, has just completed a survey of health conditions among 122,000 miner-patients of this system in West Virginia, Virginia, Kentucky, and Tennessee. During the study, its investigators interviewed 75 physicians, 787 miners

and their wives, and visited 38 hospitals in the area.

Under the existing set-up, they claim to have found that \$6,000,000 a year is deducted from the pay checks of the miners. For this, they are entitled to hospitalization and treatment by contract doctors. The result, according to Dr. Kingsley Roberts, who headed the probe, is "unsatisfactory, disorganized medical service over which the employees have no control and with which they are very much dissatisfied," plus a hospital system featuring "numerous small hospitals, great waste, medical inefficiency, and...the least possible service for the money received."

Pointing out that the West Virginia Medical Association has several times attempted to remedy conditions but failed to obtain the cooperation of the mine operators, Dr. Roberts declared:

"Many of the physicians...are receiving salaries far too small for the work they are expected to do and are prevented from raising their standards through poverty, isolation, and company domination." On the other hand, Dr. Roberts charged, the administrators often pocket a sizeable share of the payroll deductions.

As the bureau sees it, the "divided responsibility" of the doctor under such a system is "not conducive to professional efficiency." Its report (condensed) portrays the physician's status as follows:

"Though his patients' money pays his salary, his tenure actually depends on his standing with the company. This degenerates into disregard of patients. There are usually far too many patients on the doc-

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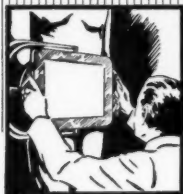
THE ZEMMER COMPANY
Oakland Station, Pittsburgh, Pa.

ME 5-39

MAY 1939

When the Symptomatology

SEE - SAWS



In a patient having a spastic colon there is usually segmented spasm, which can be observed under the fluoroscope—as well as an intermittent constipation and diarrhea.

The objective of treatment should be the administration of an agent which will prevent fragmentation of stools during the diarrheal stage, and elimination of hard, dehydrated, fecal masses during the stage of constipation.

MUCILOSE

has proved of great value in the treatment of these cases.

It helps to bring about a more normal type of peristalsis by providing bland, non-irritating, non-digestible, lubricating bulk in the colon.

Mucilose is a hemicellulose (vegetable gum) prepared by a special process from the *Plantago loeflingii*. You can prescribe it in either of the two palatable forms—**Mucilose Granules** or **Mucilose Flakes**.



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Oliodin produces a mild hyperemia with an exudate of serum, thus deepening the tissues. Try Oliodin in connection with forms of treatment you may be using in the nose, such as tamponage, sprays, etc.

Samples on request.



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the skill and experience of over a quarter century of manufacturing drugs and ampoules. Ampoules are of non-resistant glass. Chemicals of the highest purity and specifications are used.

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Time-consuming chemical and biological assays are made to assure you of composition claimed on label.



ENDO

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tor's list. He is terribly rushed. In one town, we found four doctors trying to care for 15,000 people. Circumstances tend to lower standards of practice and morale. No matter how good the doctor is, he cannot achieve an advancement in position or a raise in pay. He has no professional standing at the hospital and feels that he is regarded there as a sort of poor relation."

Votes Veto Panacea

In one of the few polls of its kind ever undertaken, members of the New York County Medical Society voted against compulsory health insurance by a ratio of almost three to one. Final returns showed 1,286 against this panacea; 432 for it.

The ballot was undertaken at the request of a minority which claimed that the rank and file of practitioners favor Federal medicine. The printed ballot read:

"If, under Proposition IV of the National Health Program, money is made available to New York State to provide care for the low-income groups, do you favor delivery of this care by compulsory health insurance?" A yes-or-no answer was requested.

Even stronger sentiment against compulsory health insurance was recorded at a meeting of the Los Angeles (Calif.) County Medical Association. There, in a rising vote on the issue, nearly all of the 2,000 doctors present registered disapproval.

Gannett's Bid

Powerful counter-propaganda facilities for defense against attacks on private practice have been placed at the disposal of the medical profession by Frank Gannett, publisher. Gannett publishes eighteen newspapers in Illinois, Connecticut, New Jersey, and New York, as well as a national magazine, America's Future. He also heads the National Commit-

MAY 1939

"One picture is worth a thousand words."



FEB. 9, 1935

A typical case study showing the effective and rapid clearing of infantile eczema

with



FEB. 22, 1935

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AND OTHER SKIN
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guarantees the best possible results from Mazon treatment. It cleanses and properly prepares the skin for Mazon.

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PHILADELPHIA, PENNA.

tee to Uphold Constitutional Government, a nationwide citizens' group credited with defeating the Supreme Court "packing" bill and the 1938 version of government reorganization. He explains his offer as follows: "If the independence of medicine is undermined, if the doctor, whose unselfish service commands our respect and affection, must bend his knee to the courthouse politician, then all professions and trades, arts, crafts, sciences, and business will go under the same yoke. Doctors are fighting the rear-guard battle of democracy. If they go down, we all go down."

Possibilities of an alliance between medical and lay interests for a joint campaign against the Wagner Bill were discussed at a recent conference with Gannett forces in New York City. Sponsored by a committee of 109 physicians, the meeting was presided over by Dr. Charles Gordon

Heyd, former A.M.A. president. Some 450 civic, religious, and business leaders heard Dr. Heyd, Dr. Haven Emerson, Sumner Gerard and John M. Pratt (of the Gannett committee), and former representative Samuel B. Pettengill, of Indiana, urge united action against the subjugation of private physicians to political administrators.

Design for Living

Is a doctor entitled to a fee for keeping a patient alive? Dr. Milton L. Smith, of Miami, Fla., thinks so. He is suing to collect \$100,000 promised under these circumstances:

One William C. Potts had been advised by other physicians that he might die any minute. He was a rich man and didn't cotton to the idea. So he told Dr. Smith that he would pay him \$50,000 if he kept him this side of eternity for six months. If he



Stop Hemorrhoidal Pain

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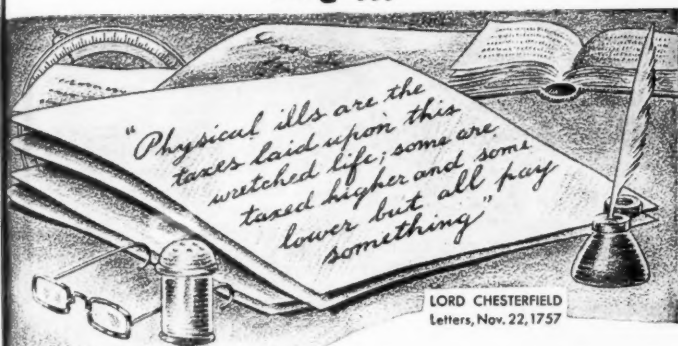
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MAY 1939



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Endomin enjoys high favor as an hematonic. Besides incorporating copper and iron in synergetically effective dosage—its hematopoietic value is enhanced by scientifically balanced proportions of manganese, zinc, nickel, cobalt and sodium germanate. It is readily assimilable, non-irritant, and easy and pleasant to take. It will not produce nausea, constipation nor flatulence.

Write today for a liberal clinical supply.

Dosage: From 1 to 3 tablets—t. i. d. after meals.

Available: In bottles of 100, 500 or 1000 tablets



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JERSEY CITY, N. J.



ENDOMIN

For Maximum Hemoglobin Regeneration

lasted a year, the ante would go up to \$100,000.

Dr. Smith took the case. Patient Potts lived a year and a half. When he succumbed, however, the physician had to take his bill to the courts.

Catholics Attack N.H.A.

Senator Wagner's National Health Act, which would clear the way for compulsory health insurance, is meeting resistance in a campaign launched by Catholic physicians. Acting through the Very Rev. Mgr. M. J. Gruenewald of Belleville, Ill., the Catholic Physicians' Guild has presented a petition protesting the measure to Edwin M. Schaefer, Representative from Illinois. He has referred it to the consideration of the House Committee on Interstate and Foreign Commerce.

Heartbeats on File

A device invented by a George Washington University medical student makes it possible for a physician to keep audible records of his patients' heartbeats.

The discoverer is Edmund A. Ziman. His apparatus makes use of a special radio amplifier to pick up the sounds through a stethoscope and transcribe them onto a disc. The recording is said to be so accurate that the physician-hearer can make a diagnosis by listening to the reproduced beats.

Hailing the discovery, Dr. Chester E. Leese, of the school's staff, explains its value as follows:

"A physician who listens to the heartbeats of a hundred patients a week must remember from day to

day, week to week, month to month, the characteristics of each patient's heart sounds. Frequently, he must wait until the heart is badly damaged before the sounds become plain enough for positive diagnosis. If the physician can record his patient's heart sounds at each examination, he doesn't have to remember or guess—he knows. Further, by listening to recordings made at various stages, he can sometimes spot the disease before it reaches a serious stage."

The machine is also expected to be useful in demonstrating symptoms to students.

Can Doctors Strike?

One problem the Federal Government's prosecution of the A.M.A. may settle is whether the doctor has a right to strike. In a demurrer to be considered by the District (of Columbia) Court, Seth Richardson, A.M.A. counsel, contends that physicians should enjoy equal rights with labor unions.

Organized labor, he points out, is legally accorded the right to strike and picket; medicine, he believes, should likewise be entitled to this privilege.

Education by Television

Private practitioners may soon be able to sit in their offices and receive postgraduate instruction in surgery by means of television. This procedure was tested recently at Israel Zion Hospital in Brooklyn, N.Y. As a surgeon performed an abdominal operation, an electric camera photographed his every move. A sterile "mike" caught his remarks. Both

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LIQUID AND OINTMENT

Prompt and Dependable
Control of Itching

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SARÁKA Tones
though the convalescent
is confined

The convalescent must often abstain from the usual foods and physical activity which help stimulate peristalsis.

In such cases, Saráka aids in toning and strengthening the intestinal musculature which has become flabby from inactivity. Bland, easily-gliding, lubricating *bulk* (provided by bassorin) mixes intimately with the feces—softening and smoothing them. Frangula, subjected to a special process, is incorporated in an amount sufficient to induce adequate *motility* by its gentle tonic action. This combination of...

BULK PLUS MOTILITY

makes Saráka a definite aid in regulating bowel habit. The well-formed stool moves naturally, without griping, digestive disturbances, or annoying leakage.

Saráka is not habit-forming and may be used safely for young and old, and during pregnancy and lactation.

Fill in and mail the coupon for a clinical supply of Saráka.

ME-5



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Please send me clinical supply of Saráka and literature.

M.D.

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were broadcast and picked up by "kinets," or receiving sets, in a nearby building. There some 100 medical students and nurses viewed the images reproduced on six screens.

Hailing the experiment's success, Superintendent Boris Fingerhood predicted that telecasting of operations will feature the hospital's teaching program. Staff men, he prophesied, will equip their offices with kinets to view unusual surgery.

Catching Up With Curtis

Since 1923, Curtis Hamilton Muncie has been a thorn in the side of New York City's ethical otologists. That was the year he announced his "cure" for deafness by "reconstruction of the Eustachian tube." He did it, the osteopath explained, with his fingers.

If M.D.'s were skeptical, patients were not. They poured into his office in such numbers that lately it has required the entire floor of a Park Avenue hotel to hold them. Yet, according to his income tax reports, Muncie's total net earnings from 1932 to 1936 were only \$2,196.

Treasury Department officials thought this peculiar. They thought it more peculiar when their figures showed that Muncie took in \$593,043 during these years. According to their calculations, he owes them over \$300,000 in taxes, interest, and penalties. And a grand jury agrees to the extent of indicting Muncie for "an

attempt to evade and defeat the income-tax law." If convicted on all counts, he may be sentenced to spend twenty-five years in prison and pay a \$50,000 fine.

M.D. Plates Boomerang

When New York State physicians were issued special automobile license plates this year, they were elated. They believed they would receive special consideration from police in emergencies. Instead, in at least one county, the reverse has been the case. Easily spotted by the "M.D." on their plates, professional motorists are halted, delayed, and summonsed on the slightest pretext. So serious is the situation that New York City Police Commissioner Lewis Valentine has promised the Queens County Medical Society a special investigation. Dr. Joseph Wrana, society president, attributes the police action to the recent abolition by some hospitals of free treatment for cops. The summonses, he holds, are their way of getting even.

Hospital Tax Next?

Compulsory hospitalization insurance is the latest bid of politicians seeking new medical worlds to conquer. This brainchild of Delegate Thomas Dempsey (D.) of Baltimore, is due for early consideration in the Maryland legislature. Under his bill, every



SUNBURN YIELDS

The pain and discomfort of sunburn are quickly controlled by KI-UMA Ointment. Its unique base and its newly developed salicylic acid ester allay inflammation and pain, and favor prompt healing of denuded areas. Valuable as well in thermal burns, pruritus ani, and arthritis. Samples on request.

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KI-UMA *Ointment*

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ROENTGENOLOGISTS everywhere have found that when speed is not the determining consideration, the Patterson *Par-Speed* is the ideal screen for bringing out all-important detail.

This screen, we believe, provides the optimum balance between detail and speed, plus excellent contrast and durability. It is, in effect, a "fast-detail" screen.

The Patterson *Par-Speed* Screen, where about 100 ma. capacity is available, meets a wide range of detail needs. With such equipment, it may be used for all work excepting special cases calling for maximum speed technique.

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employed citizen would be forced to contribute to a State-controlled insurance fund. In times of illness, the State would pay for the hospitalization of citizens in the institution of their choice. Says Dempsey: "Doctors I have discussed this with are favorably inclined toward it."

Labor Lashes Levy

Pacific Coast politicians who are advocating state-controlled health plans in the name of labor have received a stinging rebuke from the Sugar Refinery Employees Union of Crockett, Calif. Discovering that California's proposed compulsory health insurance would mean additional payroll taxes, the union has issued a resolution denouncing the measure. Condemning the one and one-half to three and one-half per cent levy for medical care, the workers charge that increasing taxes are a serious burden on labor. Calling payroll deductions "questionable" and a "subtle path for raising taxes for any purpose," the resolution demands "immediate tax relief" and "economy in our government."

Health Utopia

To Bering Sea sealers, King Island is usually a fog-bound reef in a stormy sea. But to the Rev. Bernard R. Hubbard, Santa Clara University (Calif.) priest-explorer, it is one and

one-quarter square miles of Utopia. Returning from eighteen months on this frigid isle, Father Hubbard reports:

Cancer, diabetes, and heart disease are unknown among the Eskimo inhabitants. Childbirth is the only reason anyone calls the "doctor" (an old man named Aolarana, who has brought 1,200 babies into the world without a fatality).

The community birth rate is said to be the highest in the world. Only blot on the Utopian escutcheon is the infant death rate, which enjoys a similar distinction. Three out of four children die before their third birthday from tuberculous meningitis.

Doctors Unknown

Not long ago, Florence Androp of Catonsville, Md., got to wondering why people said such terrible things about doctors. Her husband, a doctor, said the reason was ignorance.

Mrs. Androp resolved to find out.

Picking 100 people between the ages of twenty and sixty-five, she asked them to identify a list of names of famous athletes, film actors, statesmen, soldiers, criminals, and medical scientists.

Mrs. Androp was amazed to find the ease with which her human guinea pigs responded to certain names. All of the 100 recognized Babe Ruth, Bruno Hauptmann, Al



Help Your Patients to Prevent NAIL BITING AND THUMB SUCKING

Thumb sucking may cause crooked teeth, high vault and deviated nasal septum which results in inflammation of the nose, throat, middle ear and often partial deafness.

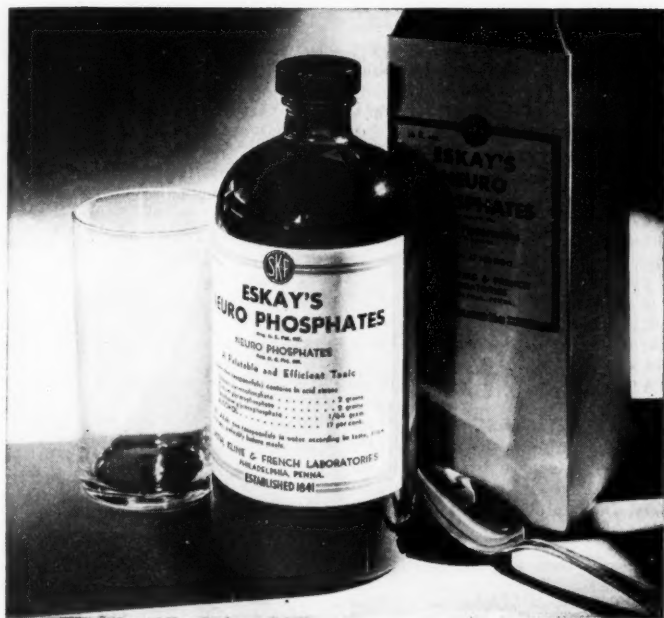
THUM contains pure capsicum with citric acid in a nail-lacquer base. Applied like nail polish. Not to be applied on children under 2½ yrs. old.

50c and \$1 per bottle at your dealer, druggist, or directly from NUM SPECIALTY CO., 4614 Fifth Avenue, Pittsburgh, Pa.

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Palatability and Appearance

When any medication is to be continued for a considerable period of time, psychological factors become important. The palatability and appearance of Eskay's Neuro Phosphates make it especially suitable for cases requiring persistent tonic medication.

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Smith, Kline & French Laboratories
PHILADELPHIA, PA.
Established 1841

MAY 1939

Capone, John Dillinger, George Washington, Abraham Lincoln, Woodrow Wilson, General Pershing, General Grant, Greta Garbo, Clark Gable, and Franklin D. Roosevelt. They were especially well-posted on criminals, scoring 92 per cent on this section, as compared to 89 per cent for movie stars, 88 per cent for sports heroes, 86 per cent on military men, and 78 per cent for statesmen. At the bottom of the list came the medical scientists with an average score of 24 per cent.

In other words, only one out of four had heard of Louis Pasteur, the Mayos, Jenner, Lord Lister, Koch, and Ehrlich.

A demand that the profession do something about the lack of accurate medical information reaching the public has also been made by Dr. Cassius L. Peacock, president of the Orleans Parish (La.) Medical Society. Demanding an organized pub-

licity drive to keep the public posted on "what the doctors are doing," Dr. Peacock said:

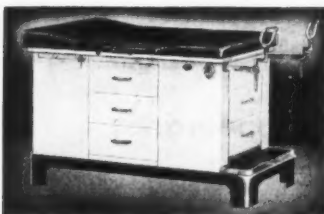
"There are 150,000 potential spokesmen—members of the American Medical Association. . . A well-planned campaign to inform the public will have timely value and influence."

To which Dr. H. H. Haggard, associate professor of psychology at Yale, added, in an address before the Superior State Teachers College at Duluth, Minn.:

"More than anything, medicine now needs propaganda."

Another A.M.A. Probe?

The Federal government has recently been asked to undertake another investigation of the American Medical Association. The grounds: removal of Chicago's Cook County Hospital from accredited standing. Attorney General Frank Murphy re-



DOCTOR...

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HAMILTON STEELTONE MODELS

Just compare the 19 outstanding features of the Hamilton Examining Table No. 9821, illustrated here, with any other you have seen, and you will agree that this table has added features you have always wanted.

Or better still, check these 19 practical features with your present equipment, and see for yourself the advantages to your practice in replacing outmoded equipment.



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SPRING SHOWERS

... the Dread of the Arthritic

SUDDEN flare-ups in arthritic pain and muscle soreness will naturally suggest the use of Salici-Vess because it is a *safe* as well as an *effective* agent for affording these sufferers quick, symptomatic relief.

Salici-Vess

combines the analgesic effect of $7\frac{1}{2}$ grs. sodium salicylate with the adjunctive value of 1 gr. sodium iodide enhanced by effervescence and protective alkali buffers.

When dissolved, each tablet gives approximately 4 grains free Sodium Bicarbonate and approximately 24 grains Sodium Citrate.

Supplied in bottles of 30 convenient effervescent tablets.

Other seasonable Effervescent Products—Aspir-Vess (aspirin with alkali buffers), and Alka-Vess (for safe alkalization).

Write for samples and literature

EFFERVESCENT PRODUCTS, Inc.
ELKHART, INDIANA

ceived the request from Cook County Commissioner Mary McEnerney, vice-chairman of the hospital committee, who charged:

"Not only has the American Medical Association and its hand-maiden, the American College of Surgeons, removed our great institution from its list of accredited hospitals, but they have centered their attack on one of the nation's leading surgeons, Dr. Karl Meyer.

"The action seeking the ouster of Dr. Meyer is not to the best interests of the county's indigent sick. The underlying purpose behind their movement should be investigated by your office."

Would Emulate Erin

American sweepstakes on the Irish pattern would solve the financial problems of hospitals in this country, suggests E. Wilton Lyon in the New York Herald-Tribune. Concerning existing deficits, he comments:

"This condition is chronic and prevails all over the country. Abroad no such thing exists, thanks to the lotteries. With millions of dollars paid by Americans for hospital sweepstakes going out of the country, would it not be more sensible to permit lotteries to be run here for the benefit of our own hospitals?"

Insurance Causes Revolt

It is one thing to pass a compulsory health insurance law but another to enforce it. Australian politicians are discovering. Criticism is so strong that it is doubtful whether it can ever be put into effect. Among those opposing the measure are the medi-

cal profession, which has pointed out that it makes for unsatisfactory treatment; organized labor; employers, who object to forced contributions for their employees; farmers, who have to pay premiums for their hired men but who enjoy none of the benefits themselves; and the present "friendly societies."

Births Without Doctors

Over 200 women gave birth to children in the Butte County (Calif.) hospital while unattended by a doctor, it was charged recently before a grand jury investigation of the institution. Several former maternity patients testified that they were delivered by nurses. It was further brought out that the hospital collected private fees from patients who had permits entitling them to charity care.

For Tenfold Benefits

As a practical method of influencing Congressional opinion in the medical profession's favor, Dr. Spencer T. Snedecor urges that each physician prevail upon ten patients to advise their Washington representatives against making physicians political entities. Properly carried out, Dr. Snedecor told the Bergen County (N.J.) Medical Society, such a program would develop almost irresistible pressure and create more effect than all the individual efforts of physicians combined.

Rubbers Regulated

Legislation to keep massagists from practicing medicine is being con-



For Simple, Inexpensive and Efficient Thyroid Management
BURNHAM SOLUBLE IODINE

For thyroid protection: 5-10 drops (5-10mg. iodine) per week (in ½ glass water) in endemic goiter prophylaxis - up to 10 drops daily in chronic infections, pregnancy and the menopause.

Write for Sample • BURNHAM SOLUBLE IODINE CO., AUBURNDALE, BOSTON, MASS.

MAY 1939

HE'S STILL PRACTICING MEDICINE!



WHEN the Committee in charge of the Medical and Public Health Building at the New York World's Fair 1939 was considering the subjects to be covered by exhibits in the building, they decided that Superstition in Medicine should be included.

This decision was based upon the fact that even in enlightened countries, such as ours, the hocus-pocus of the Medicine Man is still relied upon by literally millions of people for guidance in the treatment of disease. Obviously, such reliance on Black Magic, handed down from generation to generation, is dangerous to health. To expose these fallacies and explode their efficacy is a contribution to the general welfare of the public.

Accordingly a special committee was appointed and an exhibit planned to show to the millions of visitors to the New York World's Fair 1939 the futility and danger of continuing superstitious practices in the treatment of the sick.

This is the first exhibit of its kind in America and has undertaken the difficult task of unmasking an undercurrent that damages public health and delays the advance of scientific medicine. It will be interesting not only to the laymen, but to the physician, dentist and nurse. The information dramatically portrayed by the many sections of the exhibit will go far to arm the professional man or woman with information to combat superstitious ideas and customs.

When you are at the World's Fair visit the "Maze of Superstition." It is sponsored by THE BAYER COMPANY, INC., and is under the supervision of the following committee:—

Dr. Howard W. Haggard, Chairman

Dr. Archibald Malloch

Dr. Otto Neustatter

Dr. Otto E. Sigerist

Dr. James J. Walsh

Dr. Gregory Zilboorg

Professor Otis Caldwell

Miss Emily Davis

Mr. Harvey M. Manss

sidered in Portland, Ore. An ordinance before the city council specifically bans advertising which recommends massage for any disease. In addition, it requires of every person entering this business the following: five references, including one from a licensee of the State; approval of his premises by the city health bureau; a health card; posting of employees' names; an annual fee of \$30 for an institution and \$20 for each masseuse or masseur; and reports from employees of all job changes.

Off the Records

Because he could not produce a patient's record, Dr. Hyman Goldstein is in jail. Investigating a disability claim entered by one Samuel Weinberg, the U.S. District Court asked his physician, Dr. Goldstein, for the case history. The latter explained he had kept none. Weinberg, he said, was his step-brother; he had considered the treatment a family affair. Judge John W. Clancy did not accept this excuse. He sentenced Dr. Goldstein—New York City practitioner for 28 years, Israel Orphan Asylum assistant medical director, and Board of Health lecturer—to six months for contempt of court.

Disappearing histories are also troubling the Summit County (Ohio) Medical Society. A former patient of three deceased Akron physicians asked

for his medical records. The society was able to trace only one set of records; that, they learned, was "stored in a barn" somewhere. Result: The society has begun a file to keep tabs on the records of deceased or retired members.

Town Claims Crown

Claiming to be the "healthiest town in the United States," New Jersey's West Orange (population: 30,425) holds up this record for 1938 as a challenge to rivals: Deaths, 7.4 per 1,000 persons; births, 11.1 per 1,000.

No diphtheria or infantile paralysis was reported. It was the town's third diphtheria-less year; the eighth in which no resident succumbed to this disease. Of 322 candidates for marriage licenses, only one was found to have a venereal disease. Chief causes of death in this hearty community are heart disease, which took 66 victims; cancer, 29; and cerebral hemorrhage, 26.

Science to Snare Drunks

After June 1, doctors may be regular witnesses in Indiana drunken-driver cases. On that date, the State's courts will become the first in the country to recognize scientific tests for intoxication as legal evidence.

Accepting tests of breath and body fluids, the new measure declares:

[Turn the page]

Facts about

R_x 1006 (Bell)

- Its ingredients, all of them U.S.P., are so combined that their actions are synergized and the effects satisfactory, without any irritant or toxic action. For local application for Pruritus, Eczema, Furunculosis.

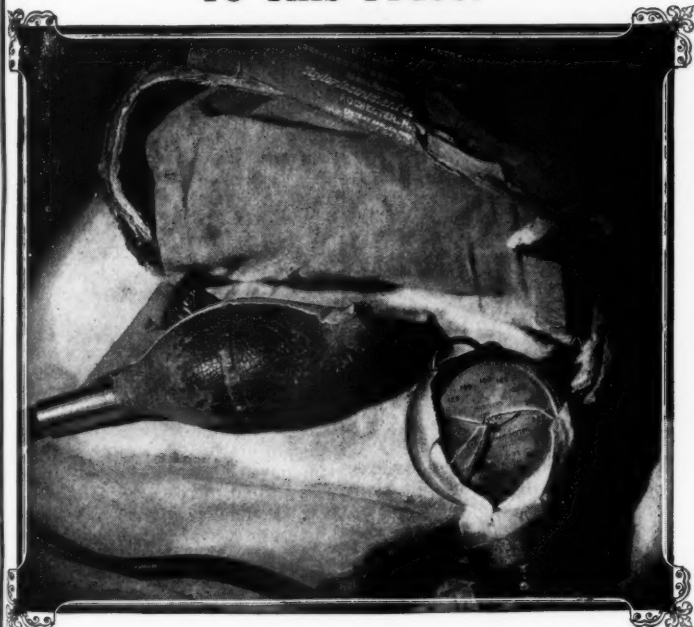
Write for a sufficient quantity for clinical test, also descriptive literature.

BONNE BELL, Inc.

17609 Detroit Ave. Lakewood, Ohio

MAY 8 1939

HAVE YOU THE TWIN TO THIS TYCOS?



THIS Tycos was used by a physician for more than 20 years. His eyes had become used to its shabby appearance, and his affection and regard for it had prevented him from discarding it. But his patients didn't have the same respect for this old, tattered, time-worn instrument.

If you have the twin to this Tycos, see the new Tycos with these improvements: Unbreakable crystal that means no more glass breakage. A non-tarnishing dial that assures easier reading, even in dim light. New clip holds the gauge securely wherever easiest to read. New smart black and chrome finish.

This new Tycos now carries a ten-year guarantee. It is guaranteed to be accurate as long as the pointer stands inside the oval zero. If ever thrown out of adjustment—even due to a fall—it will be corrected without charge for ten years.

Tycos Exchange Offer

This special inducement makes it profitable for you to turn in your old sphygmomanometer now. Your surgical dealer will allow you \$5.00 on it—regardless of make or age—toward the purchase of a new Tycos Aneroid. Taylor Instrument Companies, Rochester, New York.

CERTIFIED
Tycos

INSTRUMENTS

—with 10-year guarantees

for
**PROMPT
THERAPEUTIC**
and Symptomatic
EFFECT..



CAMPHO-PHENIQUE

In infectious and allergic conditions of the skin the patient's concern is immediate relief of discomfort.

Physicians have learned by experience that the local application of Campho-Phenique to poison ivy, oak, sumac; or to hives, or insect bites, usually accomplishes a great deal to alleviate the symptoms and to prevent the appearance and spread of secondary skin infections.

When treating common infectious and allergic skin conditions, use Campho-Phenique to help provide comfort and encourage the return of normal skin.

ANTISEPTIC WET DRESSING, ANTIPRURITIC, ANALGESIC

CAMPHO-PHENIQUE CO. ME-3
500 N. Second St., St. Louis, Mo.
Gentlemen:

Please send me samples of Campho-Phenique Liquid, Ointment and Powder.

Dr. _____

Address _____

City & State _____

"If it is alleged that the defendant was under the influence of intoxicating liquor, the court may admit evidence of the amount of alcohol in the defendant's blood, as shown by a chemical analysis."

Setting the standards for such tests, the statute states that .05 per cent or less of alcohol by weight in the blood means the defendant is as sober as the judge. Results of .05 to .15 per cent are to be considered relevant, but not decisive, evidence either way. Prisoners with .15 per cent or more are to be regarded as plain cockeyed.

Similar bills are now before the legislatures of Alabama and Iowa, and before Congress acting for the District of Columbia.

Oklahoma vs. Alcohol

In Texas' 157 "dry" counties, liquor may be sold only in drug stores on a doctor's prescription. So many patients claim they need this remedy that druggists occasionally advertise for physicians to fill "prescriptions." To prevent the occurrence of a similar situation in Oklahoma, that state's permit-prescription bill now carries this check: Whisky may not be prescribed. If a patient requires alcohol, it must be compounded in the prescription.

After Graduation, What?

Seeking to discover what becomes of its alumni, the Vanderbilt University (Tenn.) School of Medicine has surveyed graduates of ten years of classes. It reports the following:

Ninety-five per cent took internships. Of these, 25 per cent were for one year; 27 per cent for two years; 26 per cent for three; and 17 per cent for more than three years.

Forty-four per cent of the alumni are specialists; 29 per cent G.P.'s, with some still interning. Half are in cities of over 50,000, although 69 per cent hailed originally from smaller communities. This is interpreted as

MAY 1939

A HEMATOPOIETIC
AGENT THAT

checks 4-square

WITH PHYSIOLOGIC
REQUIREMENTS



The iron
content of
Hemabolooids
is completely
adapted
for human
needs.

ADEQUACY

A higher iron content
than most iron medic-
aments.

ACCEPTABILITY

Non-astringent, non-
irritating, non-consti-
pating.

ASSIMILABILITY

Organic iron combina-
tion is completely
assimilable.

CONVERTIBILITY

Iron content entirely
convertible into hemo-
globin.

Hemabolooids
—for treating
hypochromic
anemia or as a
general tonic.
Also with arse-
nic and strych-
nine.

THE ARLINGTON
CHEMICAL CO.
YONKERS, N. Y.

HEMABOLOIDS

OR HEMABOLOIDS ARSENIATED WITH STRYCHNIA



A HIGHLY efficient emmenagogue, Ergoapiol acts to normalize menstrual function by inducing pelvic hyperemia, and stimulating smooth, rhythmic uterine contractions. It also constitutes a desirable hemostatic agent to help control excessive bleeding.

Welcome Relief in Menstrual Disturbances with

ERGOAPIOL

(Smith)

INDICATIONS

Amenorrhea, Dysmenor-
rhea, Menorrhagia, Met-
rorrhagia, Menopause, in
Obstetrics.

DOSAGE

One to two capsules three
or four times daily.

HOW SUPPLIED

In ethical packages of 20
capsules.

These properties enable the phy-
sician by symptomatic treatment
to ameliorate the distress of amenorrhea, dys-
menorrhea, menorrhagia and metrorrhagia of
functional origin. Its unusual efficacy arises from
its balanced content of all the alkaloids of ergot,
together with apiol (M. H. S. Special), oil of
savin and aloin. . . May we send you a copy of the
comprehensive booklet, "Menstrual Regulation"?

Ethical pro-
tective mark.
M. H. S. vis-
ible only when
capsule is cut
in half at
seam.



MARTIN H. SMITH CO.
150 LAFAYETTE STREET
NEW YORK, N. Y.

meaning that 21 per cent have found it profitable to migrate from rural to urban areas.

Only 44 per cent are A.M.A. members. But this figure is expected to rise to over 50 per cent when those men now interning enter practice.

Indicter Indicted

Bald, glib Sol Ullman has long been the pride of New York State's law-enforcement agencies. For eighteen years a roaring enemy of political corruption, his reputation for honesty was unimpeachable. As Assistant Attorney General, he was the terror of charlatans, quacks, and unethical practitioners, whom he prosecuted with merciless vigor. His activities so won the approval of the State Medical Society that, in 1931, he was reappointed at its request. He resigned last Feb. 27.

The other day a fellow reformer, also an Assistant Attorney General, hauled Sol Ullman before a Grand Jury. The jury indicted him. The accusation linked him with a ring allegedly handling 100,000 abortions a year.

As prosecutor John Harlan Amen tells it, Ullman's story is an amazing one.

During the years he had been zealously hounding other violators, Ullman had allegedly been "shaking down" one Dr. Morris Weiss. Back in 1932, it is said, Weiss made the

mistake of agreeing to perform an illegal operation for a local medical inspector.

Since then, it is charged, Ullman has collected some \$13,000 in installments from Weiss in return for "protection." When Weiss on two occasions fell behind in his payments, it is alleged, Ullman stimulated him with accounts of what charges might be brought against him. Once, he is said to have demanded \$8,000 at a clip. But Weiss, apparently, thought this exorbitant and unethical, and refused to pay.

Arraigned in Supreme Court on counts that carry penalties of twenty-three years' imprisonment, Ullman pleaded "not guilty." As he left the courtroom, he assured reporters: "I have done nothing wrong...I haven't any idea what the charges are...I am greatly shocked...I shall be completely vindicated."

Pre-Marital Problems

Although Virginia has no pre-marital examination law, its city of Alexandria may soon get one. The health board there is proposing municipal legislation requiring such examinations of applicants for marriage licenses.

Authorities are divided as to the legality of the move. Mayor Richard L. Ruffner, a lawyer, questions the city's right to pass such a law. City Manager Carl Budwesky, also an at-



For her benefit prescribe a safe Antispasmodic and Sedative

Prescribe HVC (*Hayden's Viburnum Compound*), a safe and long tested antispasmodic and sedative which relaxes the smooth muscles and contains no narcotics or hypnotics.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

Trial Sample with Literature to Physicians

NEW YORK PHARMACEUTICAL CO.
BEDFORD SPRINGS **BEDFORD, MASS.**

HVC

MAY 4 1939

For patients who cannot drink tea or coffee

*Why not suggest this "Protecting"
Food-drink which contributes so many Valuable
Essentials to the Diet? Welcome just as a
Change from Tea and Coffee, too*

WHEN a patient must be told to avoid stimulating beverages at mealtime, it is advisable of course to suggest a suitable beverage to replace them.

There are a number of reasons why doctors are increasingly recommending Ovaltine to these patients.

In the first place, Ovaltine makes a very delicious drink—one which is not likely to tire the patient's taste. But it is a great deal more than just that.

Ovaltine is a *food-beverage*—very digestible—and highly nourishing. It also helps digest *starches*, which comprise such a large part of the diet.

In addition, Ovaltine supplies a wide range of important protective elements—proteins of high quality, four vitamins (A, B₁, D and G), and the three important minerals (Calcium, Phosphorus and Iron).

Thus it is a protecting food—useful as an aid to *maintaining* health and in *building up* those who need extra nourishment.

Ovaltine is *especially* useful for the following classes of patients:—

CONVALESCENTS and ELDERLY PEOPLE—This food-drink was originally created for convalescents and those in need of special nourishment.

EXPECTANT and NURSING MOTHERS—Ovaltine supplies important vitamins and minerals especially needed during pregnancy and the lactating period.

CHILDREN—Ovaltine is widely advised as a building food for children—to supplement their regular diet.

Why not suggest it in place of more stimulating beverages—instead of the usual "coffee substitutes" which lack Ovaltine's many *nutritive* advantages?

OVALTINE FOR PATIENTS WHO NEED BUILDING UP

Tongaline

*Sodium Salicylate, Pilocarpine,
Colchicum, Cimicifuga and Tonga,
in liquid form or as tablets.*

Outstanding in
the treatment,
both locally and
systemically, of
arthritis, acute
rheumatic fever,
muscular rheu-
matism, lumbago,
myositis, neuritis
and sciatica.

*Samples and
Literature
Upon Request*



MELLIER DRUG CO.

2112 LOCUST ST.,

ST. LOUIS, MO.

"Alkalol is safe"

- • • One of our detail men was call-
ing on an Eye Specialist recently.

• • • THE DOCTOR SAID:

"An eye can never be wholly
replaced. Sight is seldom com-
pletely restored. Therefore, a
physician ought to be exceed-
ingly careful about what he
prescribes for a patient's eyes.
I prescribe Alkalol for

I KNOW THAT

Alkalol is safe"

Ask us to send you an eye-dropper bottle of
Alkalol. A trial in your own eyes will convince
you of its soothing and helpful properties.

THE ALKALOL COMPANY
TAUNTON, MASS.

Write for free sample
ALKALOL
ALKALINE · SALINE · CLEANSING



torney, does not see any difficulty.
Observes he:

"If Virginia has the authority to
invoke such a statute, then Alexan-
dria, through police powers dele-
gated by the State, certainly has."

Meanwhile, Ryan's Weekly—a Ta-
coma (Wash.) paper—has received
a complaint that similar legislation
is contemplated there. Protest the
editors:

"We don't believe the M.D.'s would
go that far. The humiliation that
would be visited upon virtuous wom-
en to catch a few syphilitics robs
such a bill of any reason or possi-
bility of passage."

In Old Chicago

Physicians, not politicians, pioneered
preventive medicine in Chicago, ac-
cording to a study by Constance
Webb of the University of Chicago.
In a thesis entitled "Contagious Dis-
ease Care in Chicago Before the
Great Fire," Miss Webb reports:

"Through the years, the only sus-
tained fight came from the medical
profession. . .Forty years of cholera,
small pox, scarlet fever, and typhoid
epidemics were needed to convince
city authorities that the doctors were
justified in asking municipal control
over sewer facilities, garbage dis-
posal, quarantine, vaccination, water
supply, and burial."

As an example of the inefficiency
of city officials in protecting the
public, Miss Webb reported that
from 1860 to 1867, the police depart-
ment handled health problems. Dur-
ing this period, she declared, four
epidemics swept the city.

Recounting the epochal achieve-
ments of private practitioners in Chi-
cago's public-health progress, she re-
vealed:

"In 1852, the voice of medical men
in city affairs was strengthened by
formation of the Cook County (later,
the Chicago) Medical Society. Indi-
vidual physicians had long taken

MAY 1939



The makers of Koromex present their newest development in vaginal jellies.

- water soluble
- spreads easily
- high viscosity
- pleasant floral scent
- stable over wide range of pH scale
- extremely low index of irritation

Clinical reports affirm our belief that this jelly represents one of the outstanding advances in this field, reflecting the many years of experience and laboratory research on which it was based.

Send for free sample and literature.

HOLLAND-RANTOS CO., Inc.

*(Makers of
Koromex Products)*

37 East 18th Street, New York
308 W. Washington St., Chicago
520 West 7th Street, Los Angeles

part in civic questions. They naturally became more effective as an organized group.

"At the instigation of Chicago doctors, tabulation of vital statistics... was established in 1841... Physicians did the work gratuitously... Vaccination prior to 1851 had been left to the generosity and civic interest of the medical profession... In 1859, the medical society recorded a discussion of syphilis... There was no official mention of the disease until many years later."

Cash Offered Writers

A cash prize of \$1,500 is being offered by the Philadelphia Academy of Surgery for an essay on surgical pathology or practice. Writers must be American citizens. Their work must be typewritten, based upon original research, and received before Jan. 1, 1940. Further details of the contest may be obtained from trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, College of Physicians, 19 South Twenty-second Street, Philadelphia, Pa.

Tonsillectomy Taxable

If you're a movie star, your business expenses may include the salary of a maid and the cost of sending your mother to Europe. As such, you may be allowed to deduct them from your income tax. But as for medical expenses: No!

Thus did the U.S. Board of Tax Appeals lay down the law to a patient who had refused to pay taxes on \$459 spent for a tonsillectomy. The patient—Actress Madge Evans

—held that doctors' bills are business expenses. Her ailing tonsils, she argued, caused colds and spoiled the quality of her voice. The board did not agree.

Seek Medical Nominees

Nominations of candidates for the A.M.A.'s Distinguished Service Medal should be sent within the next few days to Dr. E. L. Henderson, of Louisville, Ky. Any doctor may name a colleague he believes has rendered distinguished scientific service to medicine. Dr. Henderson's committee will forward a list of five nominees to the A.M.A. trustees, who will eliminate two. Those remaining will be voted upon at the House of Delegates' meeting in St. Louis on May 15.

Cultist Coup Fizzles

Quick action by the Bergen County (N.J.) Medical Society has nipped an attempted chiropractic *coup* in the bud. Surprised at an editorial on chiropractic which appeared in The Hackensack Republican, a society member investigated its origin. He found it had been paid for and that 50,000 copies had been ordered.

The society, contacting the paper's executives, secured cancellation of the order; discharge of the employee who accepted it; withdrawal from newsstands of all unsold copies; an editorial retraction; and letters from the paper to all State legislators advising them of the situation.

Meanwhile, osteopaths are debating what course to adopt on the socialized medicine problem. Unlike doctors of medicine, they seem un-



R A CHLOR-IDIN NASAL INHALER

Samples
on request.

• For the quick relief of Nasal Congestion in COLDS, SINUSITIS, HAY FEVER, etc.

THE DELETON COMPANY, Capitol Station, Albany, N. Y.

MAY 4 1939

DIATUSSIN

A most useful
adjunct in the
treatment of

WHOOPIING COUGH

A time-tested product

ERNST BISCHOFF COMPANY

Incorporated

IVORYTON

CONNECTICUT

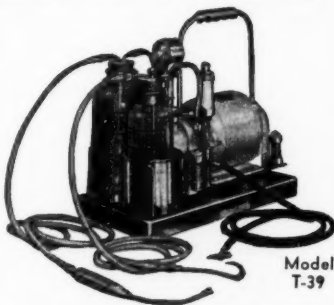
Improved Tompkins **PORTABLE ROTARY COMPRESSOR**

The Improved Tompkins Portable Rotary Compressor embodies beauty of design with many excellent new features not procurable in any other portable suction and pressure unit.

New features include vibrationless spring suspended motor unit assuring smooth, noiseless operation; entire unit mounted on stainless steel base; hot water jacket for the ether bottle to prevent freezing; suction gauge and regulating valve; two way pressure by-pass valve which makes it possible to use either the spray tube or the ether bottle without disconnecting any of the parts.

There are no belts to stretch or break; no gears to strip; no friction drive to slip; no couplings to get out of alignment. Nothing to get out of order. Only care required is lubrication.

Write for descriptive circulars with apparatus illustrated in full colors.



**Model
T-39**

Price Complete with cover and accessories **\$82.50**

Sold Only Through Surgical Supply Dealers

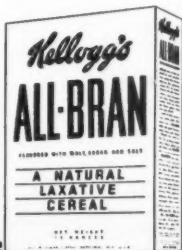


J. SKLAR MANUFACTURING CO. BROOKLYN N. Y.

Kellogg's ALL-BRAN

helps
elimination
and improves
intestinal tone
because
it provides
"bulk" and
Vitamin B

Made by Kellogg's
in Battle Creek



troubled by the effect the various proposals would have on the healing arts and on the public.

"We need to 'write ourselves in,' whatever the plan," observes The American Osteopathic Association Journal, "whether Federal, state, compulsory, cooperative, group, old-line insurance, prepayment, or what have you."

"Protect-Children" Drive

Opening a national campaign to protect children against infection, the Westchester County (N.Y.) Medical Society, collaborating with the American Academy of Pediatrics, is instituting a drive to examine all adults having contacts with youngsters. Standard forms distributed to member-doctors will be used for an annual x-ray examination, semi-annual blood tests, and other checks on communicable disease. Maids passing the examinations will be given certificates of approval. A single fee of \$10 will cover the year's examinations.

Commenting on the step, the Academy of Pediatrics said:

"Contact infections campaigns for the sake of children...are being planned for all parts of the country this year."

Phonebook Purge

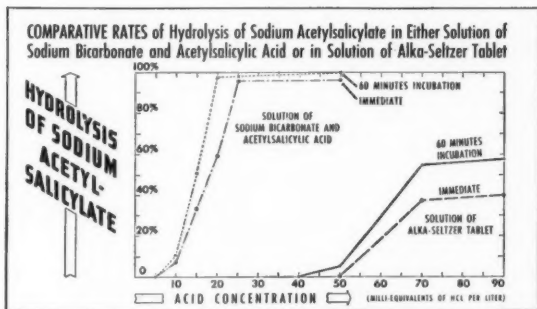
A purge of cultists from the "M.D." section of the classified telephone book is under way in Florida. Co-operating with the Florida Medical Association, the Southern Bell Telephone & Telegraph Company is dropping names of unorthodox healers from the medical lists. County societies are assisting by checking local names and reporting all irregularities to telephone officials. In Jacksonville alone, three naturopaths and one chiropractor were found under the heading, "M.D."

The company now also requires distinguishing suffixes, such as "Dr.

MAY 1939

The Buffer Mechanism in Alka-Seltzer

Study of the Comparative Rates of Hydrolysis in Acid Solution of Sodium Acetylsalicylate Prepared by Neutralizing Acetylsalicylic Acid with Sodium Bicarbonate, and of the Sodium Acetylsalicylate in a Solution of Alka-Seltzer



IN ORDER to determine by controlled methods the value of Alka-Seltzer in the relief of minor ailments, an extensive series of bio-chemical and clinical experiments were conducted. In the accompanying graph one phase of this research is illustrated showing that there is a buffer mechanism in the Alka-Seltzer formula which encourages stability in solutions of varying acid concentrations.

A comprehensive illustrated booklet will shortly be available for distribution to physicians, giving in rather detailed form the experimental methods and conclusions of the investigators. A copy of the finished booklet will be sent to interested physicians upon request.

CONCLUSIONS

1. The rate of hydrolysis of sodium acetylsalicylate in a solution of Alka-Seltzer to which hydrochloric acid had been added is at most not more than one-fifth of that found for this salt prepared from an excess of sodium bicarbonate added to acetylsalicylic acid;
2. Experimental results indicate that Alka-Seltzer in solution contains an efficient buffer mechanism capable of protecting the sodium acetylsalicylate against hydrolysis by hydrochloric acid within a wide range of concentration;
3. Experimental findings indicate that the end products resulting from dissolving an Alka-Seltzer tablet in water are sodium acetylsalicylate and sodium citrate and that the latter serves as an efficient buffer against hydrolysis.

MILES LABORATORIES, INC.
OFFICES AND LABORATORIES: ELKHART, INDIANA

MAY 1939



This carefree miss may soon visit you in search of relief for a sun-scorched skin. So will other distressed patients. Nupercainal, the analgesic and anesthetic ointment of sustained action, helps take the pain and fever out of sunburns. Emollient and antipruritic, Nupercainal aids in preventing blisters and permits earlier healing.

Nupercainal serves nobly the year round to alleviate pain and itching in a number of skin and mucous membrane conditions.

One-ounce tubes
One-pound jars

Literature rushed
upon request.



Trade Mark Reg. U. S. Pat. Off.

**CIBA PHARMACEUTICAL
PRODUCTS, INC.**

SUMMIT . NEW JERSEY



Phys." for physician, after practitioners' alphabetical listings. Its action followed passage of a State bill requiring shingles to identify the doctor's branch of the healing art.

Previously, the company had resisted attempts to change its method of listing.

Jerger on the Jump

Assistant Attorney General Thurman Arnold is examining the case of Dr. Joseph A. Jerger to see if it violates the anti-trust laws. Dr. Jerger, Chicago G.P. and A.M.A. fellow, has been handed his hat by organized medicine for writing, among other things, an autobiography called "Doctor, Here's Your Hat."

The Chicago Medical Council and the Chicago Approved Hospitals Executive Board have barred him, at the same time, from approved hospitals in that city, following charges that his writings violate the Code of Ethics.

On his way to lay his cause before the Federal Government, Dr. Jerger said:

"Dr. Fishbein is a Hitler. It is all right for him to write a book on home medicine. But it is wrong for me to write critically about a situation that is harming the entire profession. In the offices of the A.M.A. . . no one has a chance except Fishbein's friends. I know because I've been there."

Olson Stymied

A formidable obstacle in the path of Governor Olson's plan to set up compulsory health insurance in California is: Where to get the money?

The Governor thought he had gotten 'round it by ear-marking \$200,000 for this purpose in his budget. But hardly had economy-minded Assembly members heard his warning ("if they get to fooling with that budget, they'll get into trouble")

MAY 1939



This

is a picture of
poi in the mak-
ag on any one
of the Hawai-
an Islands.
Few besides
Hawaiians like
poi...



Copyright 1939, by Hawaiian Pineapple Co., Ltd.

But

Islanders and Mainlanders, doctors and
nurses, patients and huskies, old and young

**ALL LIKE
DOLE PINEAPPLE JUICE
FROM HAWAII**

Fragrant and appetizing, with the natu-
ral tang of fresh, sun-ripened pineapples.

LOOK HERE

TYPICAL ANALYSIS . . .

Moisture (by drying)	
Protein (N x 6.25)	
Fat (ether extract)	
Crude Fiber	
Ash	
Total sugar as invert	
Acidity as anh. citric	
Carbohydrates other than crude fiber, by	
Calories/gram	
Calories/ounce	

No added Sugar

DOLE PINEAPPLE JUICE

.....	84.7%
.....	0.4%
.....	0.03%
.....	0.1%
.....	0.4%
.....	13.1%
.....	0.9%
.....	0.37%
diff.	0.57
.....	16.0

Hawaiian Pineapple Co., Ltd., also packers of Dole Pineapple
"Gems," Sliced, Crushed, Tidbits, and "Royal Spears," Hono-
lulu, Hawaii, U. S. A.—Sales Offices: San Francisco, Calif.



The Dread of Injection

The administration of morphine is strenuously objected to by many patients who regard the psychic trauma incident to hypodermic administration more uncomfortable than the pain itself. Papine, administered orally in two teaspoon doses, produces the analgesic action of one-quarter grain morphine. Its analgesic influence is prompt and pronounced.

Papine is indicated whenever morphine is required, and is given interchangeably with the latter. It is especially appreciated by patients afflicted with carcinomatosis or other conditions requiring frequent administration of narcotics. Two ounce sample will be gladly furnished upon receipt of Federal Narcotic Order Form.

Each ounce contains chloral hydrate, 3.35 gr., morphine hydrochloride, 1.0 gr., alcohol, 11%.

BATTLE & CO. • St. Louis, Mo.

PAPINE
(BATTLE)

than they chopped out the offending item with an amendment.

Previously, Assemblyman Melvin Cronin of San Francisco had challenged the figures by asking how they were arrived at. This puzzled Chairman Rosenthal of the Ways and Means Committee, who replied that he thought the Governor and Director of State Institutions Rosanoff might have made it up. The item was stricken out soon after, leaving the Governor with the problem of asking a separate appropriation for his pet project.

Dr. Humberd and Goliath

Dr. Charles Humberd is happy. He can now carry on his researches into gigantism, he feels, without fear of suppression. For he heard himself vindicated in a St. Joseph (Mo.) court into which he had been dragged on a libel charge by Robert Wadlow, the tallest man in the world. Giant Wadlow objected to a scientific paper in which Dr. Humberd described him as "apathetic, surly, unfriendly."

Said the 8 ft. 8 in. behemoth to the court:

"The article...made me cry."

He was willing to be happy about the whole thing, however, he said, if he was awarded \$100,000.

For three days, Wadlow witnesses told of his normality. Teacher, mother, father, and shoe-manufacturer related that he was "bright" and "obedient." His appetite was little more ravenous than anyone else's, they said, and he was kind to children. They described his likes as ping-pong, Chinese checkers, and girls. Outside of his size and "beautiful hands," Dr. Louis Henry Behrens averred Wadlow was normal.

Then to Dr. Humberd's defense stalked 7 ft. 6 in. Jack Earle and 7 ft. Glen Hyder. Hyder testified that every giant he knew considered Dr. Humberd "one of the great scholars

MAY 1939

...Again
Gerber's
urge mothers
to consult their
Doctors



Ever since Gerber's originated canned strained foods for babies, they have co-operated with the doctor—first by making a product which earns his confidence; second by urging mothers to consult him in all things concerning their baby's welfare.

For years, Gerber's have pioneered in research. Neither expense, nor time, nor effort have been spared in developing and improving their products; in making them completely acceptable to the medical profession which has been consulted at every step.

For years, Gerber's advertising has shown mothers the need for seeking the doctor's advice; the risk in adhering too closely to charts or in following rule-of-thumb methods.

In the same way, the new Gerber's Cereal Food has been introduced. It in-

corporates those features which careful research and the opinion of medical authorities found important. It is advertised to mothers with the injunction to speak to their doctors concerning its use.

It is possible that Gerber's efforts for the medical profession have not been adequately emphasized to the individual doctor. Nevertheless he may be certain that Gerber's will continue to use their consumer contact for the best interests of the profession.

Send coupon for complimentary samples of Gerber's Cereal Food. Also complete information.



GERBER PRODUCTS CO.,
Dept. 225, Fremont, Mich.

Please send, without charge, samples of the new Gerber's Dry Pre-Cooked Cereal Food and detailed information including analysis file card.

NAME _____

ADDRESS _____ STATE _____



Easily Digested
Tempting
Wholesome

HORLICK'S

*is worthy of your
recommendation*

Here are some of the reasons why your patients should be told to insist on getting Horlick's:

1. Whole milk from tuberculin tested herds.
2. Choice malted barley and wheat flour carefully enzyme hydrolyzed.
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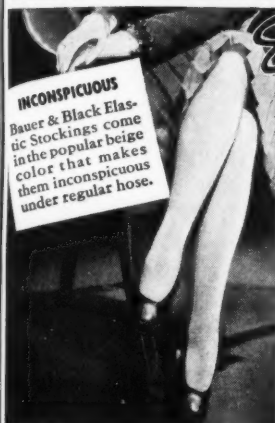
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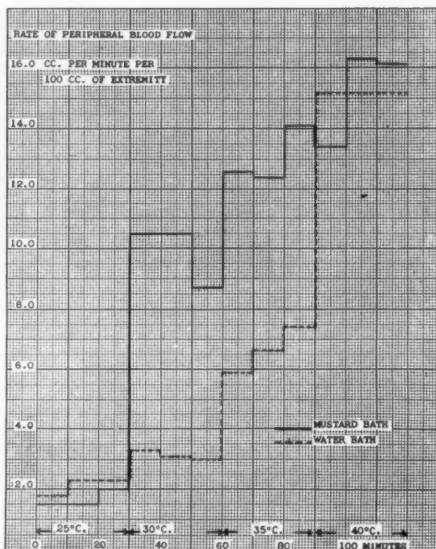
MAY 1939

Comparative effects of the Mustard Bath and the Water Bath— IN INCREASING PERIPHERAL BLOOD FLOW

**THIS CHART REPRESENTS
THE COMPARATIVE EFFECTS
OF MUSTARD BATH AND
WATER BATH ON RATE OF
PERIPHERAL BLOOD FLOW
OF THE SUBJECT'S HAND**

Suggested Proportions for the Mustard Bath:

Half a pound of mustard
to ten gallons of water
... or about half the
capacity of the average
tub. As large a body sur-
face as possible should
be exposed to the mus-
tard bath.



RECENT experiments on human subjects show that the mustard bath (0.5 to 0.6% solution of mustard) increases the rate of peripheral blood flow as much as 74% above the level obtained with a water bath of the same temperature.

The importance of these findings is evident, pointing to the mustard bath as an aid in correcting disturbances of peripheral circulation; as adjunctive treatment in reducing fevers, in treatment of upper respiratory tract infections, in treat-

ing exposure to cold or infection.

The optimum effect of the mustard bath obtains with 0.5 to 0.6% mustard solution at 35° to 40° C., 10 to 20 minutes' immersion.

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